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PROGRESS REPORT ON ACHIEVEMENTS MADE IN THE IMPLEMENTATION OF UNICEF POLICY ON WOMEN IN DEVELOPMENT

SUMMARY

The present report reviews the achievements made in implementing the UNICEF policy and strategy on women in development adopted in 1987 (decision 1987/18, E/ICEF/1987/11), and the priority focus on the girl child approved by the Executive Board at its 1990 regular session (decision 1990/17, E/ICEF/1990/13). The report highlights the increased awareness created for the girl child and notes important advocacy publications and events, especially in South Asia and the Middle East and North Africa. The sectoral analyses show that critical problems remain in the key areas of girls' and women's education, health, work-load reduction, income and control over development resources, legal status and participation in decision-making.

The report notes that new opportunities have been created for the development of girls and women by the Convention on the Rights of the Child and the historic World Summit for Children whose Declaration and Plan of Action make explicit commitments to strengthen the role and status of women, beginning with the girl child. Recommendations for further action include: (a) implementation of the Convention on the Rights of the Child and the World Summit Declaration and Plan of Action in conjunction with the Convention on the Elimination of All Forms of Discrimination against Women; (b) priority focus on girls' and women's education and delayed marriage; (c) a comprehensive approach to women's health; (d) increased gender-sensitive monitoring and evaluation of country programmes; (e) staff training in gender and women's issues; and (f) strengthening of UNICEF organizational capacity.

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INTRODUCTION

1. The present annual progress report is prepared in accordance with Executive Board decision 1987/18 (E/ICEF/1987/11) and reviews the extent to which the Board policy and implementation strategy of that year and subsequent decisions on girls and women are being implemented in ongoing and new country programmes. It also analyses constraints, especially in the sectoral and cross-sectoral areas.

2. As requested by the Executive Board in its decision 1990/17, the present report highlights issues and efforts related to the situation of the girl child. The new priority focus on the girl child has provided an opportunity for UNICEF programmes of cooperation consciously to address gender issues from childhood. This mandate has been further strengthened by the calls made for gender equality in the Convention on the Rights of the Child and for equal opportunity and enhancement of women's status in the World Declaration and Plan of Action for Implementing the World Declaration on the Survival, Protection and Development of Children in the 1990s adopted by the World Summit for Children on 30 September 1990.

3. The analysis in the report is based mainly on 1990 annual reports from UNICEF country offices and documentation for new programmes being submitted to the 1991 Executive Board. The report has also utilized information and insights from a series of in-house consultations on women and the girl child held in July and November 1990 that involved senior field and headquarters staff, regional directors and senior management.

4. Evidence from most regions shows that UNICEF programmes are giving increased attention to the needs and issues of girls and women. However, many constraints remain in the areas of policy articulation, technical competence to deal with gender and women's issues, and resource allocation at national and UNICEF levels. Therefore, the report outlines the following five crucial means to improve gender sensitivity and the responsiveness in UNICEF programmes: (a) the assignment of high national and UNICEF corporate priority; (b) the training of UNICEF staff and national counterparts; (c) policy development; (d) strengthening institutional capacity; and (e) inter-agency coordination and collaboration.

I. ANALYSIS OF PROGRAMME RESPONSES

A. Overview

5. UNICEF programmes of cooperation in all regions continued to respond to girls' and women's concerns both in an integral manner and through women-specific projects. The responses varied according to the socio-economic and cultural conditions of the countries and the level of resources. Approximately 30 per cent of the country programmes are responding satisfactorily to Executive Board policy and decisions on girls and women.

6. During the reporting period, several countries either improved their national situation analyses or undertook subnational analyses (Egypt, India, Indonesia, Nigeria and Turkey) to show more clearly the disparities and constraints facing girls and women that are often hidden in national statistical averages. For example, the national female illiteracy rate in Turkey is 15.7 per cent, but it was found to be as high as 29.7 per cent in the seven less developed eastern provinces. The fertility rate for the seven "best" provinces in Western Turkey is 2.8 per cent, while the rate for eastern provinces is 8.5 per cent.

7. The situation analyses showed continuing negative trends in female poverty in Africa and Latin America as a result of economic crises, structural adjustment, drought and war. In many countries, responsibilities for social services have been increasingly transferred to women. The full impact of the Persian Gulf crisis has yet to be assessed. However, the loss of remittances and the influx of large numbers of returnees to face unemployment will almost certainly have aggravated the poverty situation of many women and households in the Middle East, North Africa and South Asia. In at least one case, Sri Lanka, the expected returnees include an estimated 75,000 women. The situation of refugee and displaced women in several countries in Africa and the Middle East remains critical. There are also growing concerns about the health and income status of households headed by women whose proportion has reached from 30 to 40 per cent in some African, Asian and Caribbean countries.

8. While most ongoing and new country programmes recognize the fundamental causes of women's low status and depressed situation, the majority of programmes tend to focus on women's issues in isolation, without adequate attention to their interrelatedness and underlying structural factors. Furthermore, the analysis of the role and responsibility of men in both child survival, protection and development and women's development has received very little attention. An innovative approach was adopted by the new country programme for India whereby the situation of the woman - her life cycle from birth through childhood and adolescence to adulthood - was analysed, with relevant reference to gender dimensions. This enabled the programme to identify the critical periods in the life of the girl child and adolescent for preventive programme interventions. At the same time, the programme has proposed strengthening advocacy, policy support and specific socio-economic development projects for adult women.

B. The girl child: priority focus

9. In response to the Executive Board decision, all field offices were requested to highlight activities on the girl child in their 1990 annual reports. The countries in South Asia and the Middle East and North Africa, which had already identified the girl child as a priority in child survival, protection and development, reported significant advocacy, research and programme efforts. By contrast, awareness, data collection and programme interventions have yet to be developed significantly in many countries in Africa and Latin America.

10. The UNICEF Middle East and North Africa Regional Office took an excellent initiative in publishing an evaluation report entitled "Sex differences in child survival and development". Using indicators such as birth registration, weight for age, infant and under-five mortality, age of nutritional supplementation, school enrolment and legal and mean ages of marriage, the report demonstrates the extent of differential care among children under 14 years old and the neglect of girls in several countries in the region, beyond any innate differences associated with biological sex distinctions. The report has been recommended to other UNICEF regions for its methodological approach, which also permits comparative analysis among countries in the same region.

11. UNICEF Bangladesh also published a pioneering study, "The girl child in Bangladesh: a situation analysis", in January 1990. It revealed, for instance, that the prevalence of wasting was twice as high among girls 12-23 months old as among boys, and more girls than boys (61 and 48 per cent, respectively) were stunted in that age-group. The report stated pointedly: "A poor family with many children just cannot give everyone as much food as is wanted and the girl has to sacrifice for her brothers". Similar gender-disaggregated studies showed that in the northern states of India, the female mortality rate exceeded the male rate by 10 per cent for under 4 year olds and by nearly 40 per cent for 5 to 9 year olds.

12. In many contexts, when a girl child survives, she faces serious constraints in her legal and social status because of the practice of early marriage. Although by law, marriage is not permitted under 16 years of age, 40 per cent of Nepalese girls marry below the age of 14 years, and as many as 7 per cent are married by the age of 10. According to the Ministry of Health of Djibouti, forced early marriage led 39 girls between the ages of 12 and 14 years to commit suicide between April 1989 and March 1990. In Nigeria, the high level of early marriages correlates with the low level of education of girls in the northern states. In Bangladesh, over 80 per cent of girls are already married by the age of 18 years.

13. Even where girls have access to education, health and other social services, such as in Sri Lanka, Botswana and the Caribbean, teenage motherhood constitutes a major constraint to social and economic advancement. In Botswana, the teenage pregnancy rate by the age of 19 is close to 50 per cent. In the Caribbean, 60 per cent of first babies are born to teenagers. Such teenage girls begin a syndrome and vicious cycle of early childbirth, frequent pregnancies, ill health and poverty, which is often perpetuated by their daughters. The syndrome is also frequently associated with problems of low birth weight, high infant and maternal mortality, child abuse and a high incidence of households headed by women.

14. The spread of human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS) is an urgent reason for countries and development agencies to intensify their health education efforts to protect young girls and women. There is also a need to review approaches to the health, education and development of women to ensure that their needs at the different stages of

their life cycle are met. The present focus on the survival of children under five years old and on the reproductive roles of women of child-bearing age (15-45 years) has led to a serious neglect of the young girl and adolescent by researchers and many development agencies, including UNICEF.

15. Given the often sensitive nature of issues concerning the girl child, advocacy and social mobilization efforts must be carefully planned to galvanize political will and to ensure broad, strategic support. The UNICEF Caribbean Area Office is making such an attempt in developing a major programme of "Communication for better parenting" aimed at boys and girls, men and women, and civic leaders. A seminar on the "Girl Child First", organized by UNICEF and the Tunisian Women's Union, involved ministers, parliamentarians, senior state officials, university lecturers and non-governmental organization (NGO) leaders. One of its recommendations was the designation of 10 March as an Annual Day of the Girl Child. The South Asian Association for Regional Cooperation (SAARC) summit meeting held at Male, Maldives, in November 1990, declared 1991-2000 as the "SAARC Decade of the Girl Child". It has proposed a SAARC Plan of Action that would incorporate appropriate recommendations from the World Summit Declaration and Plan of Action.

16. An important initiative was taken in September 1990 in the Eastern and Southern African region when the network of UNICEF women's focal points made the girl child a regional priority, with a focus on education. In Africa (with the exception of countries such as Lesotho and Mauritius), the girl child has less than one half the chance of the boy child to go to school and bears a heavier workload in the informal sector (household, farming and trading) to support the family. Since nearly 50 per cent of the female population in Africa is under 19 years old, the education, health and improved status of girls will be a UNICEF priority on the continent in the 1990s.

17. Advocacy at the global level was enhanced by the publication of "The girl child: an investment in the future". Issued in time for the World Summit for Children, the booklet has been distributed widely to Governments, United Nations agencies, donor organizations, National Committees for UNICEF and NGOs. It underscores the challenge of childhood gender disparities, neglect and discrimination, and proposes an agenda for the full human development of the girl child in the 1990s.

18. Several countries, including Indonesia, Myanmar, Pakistan, the Philippines, the Sudan, Thailand and Zambia, have been reviewing their national laws in the context of the Convention on the Rights of the Child. UNICEF advocacy and support will aim to ensure that due attention is given to the gender dimension and the interests of girls and women in such processes. In that regard, there is an opportunity for the implementation of the Convention and the World Summit Declaration and Plan of Action to be undertaken in conjunction with the implementation of the Convention on the Elimination of All Forms of Discrimination against Women.

19. At the global, regional and country levels, UNICEF is working with national and subnational Governments and NGOs to protect the interests and rights of girl children, as well as their health, educational and emotional development. In this context, UNICEF, together with the World Health Organization (WHO), is developing programmes on healthy lifestyles for youth encompassing the prevention of drug and alcohol abuse, tobacco smoking, sexually transmitted diseases, nutritional imbalances, early marriages and pregnancies before biological and psychological maturity. If early marriages and pregnancies can be prevented, it will contribute to a significant reduction in maternal mortality, low-birth-weight babies and infant mortality, while providing opportunities for girls to pursue education or engage in income-earning occupations.

C. Sectoral and cross-sectoral responses

Health

20. At the present time, the women's dimension of UNICEF health programmes has three main aspects: the immunization of pregnant women and women of child-bearing age with tetanus toxoid to protect their new-born children; the mobilization of women as volunteers, health care givers and health workers; and the training of traditional birth attendants (TBAs) or midwives. Tetanus toxoid coverage has varied greatly from nearly 90 per cent (Cape Verde, Costa Rica, Rwanda and Thailand) to a very low 2 per cent in Yemen, with most African, Middle East and Asian countries having modest to low ranges. Most countries have reported successful experiences of mobilizing women for child immunization and other child survival, protection and development activities. The mobilization has been massive, involving up to 500,000 women in countries such as Indonesia and Peru. However, only a few countries (e.g., Indonesia and the United Republic of Tanzania) use it as an opportunity to meet women's needs or to involve men in child survival, protection and development activities.

21. There is a great challenge in the decade of the 1990s to reduce maternal mortality by 50 per cent. A preliminary survey of UNICEF country offices in 1990 indicated that the goal would be achieved only with considerable difficulty. The reasons were varied, but the most significant included the lack of data and clear knowledge of the principal determinants of maternal death, the low status of women, their lack of access to proper nutrition and preventive and curative health care services, and the absence of national policies and strategies. The highest levels of maternal mortality are currently found in countries in South Asia, the Middle East and Africa, where it ranges from 500 to 1,500 per 100,000 live births. In those regions, the problem is compounded by socio-cultural attitudes, including men's attitudes and control over women's fertility, illiteracy, early marriage, teenage pregnancy, illegal abortions and traditional practices, such as female excision and food taboos that are harmful to women's health. The HIV and AIDS pandemic has further aggravated the problem of maternal mortality, especially in Africa.

22. Viewed against such complexities, the approach of most UNICEF health programmes to maternal mortality and safe motherhood is, at present, too narrow. Many country programmes seem to limit their responses to TBA training and advocating for improvements in obstetrical and delivery care at the community level. The broad issues of girls' and women's health prior to maternity are hardly dealt with by any of the programmes, and TBA training still has to be broadened. Baseline surveys and knowledge, attitude and practice studies on women's health are needed to provide data for appropriate preventive actions. Opportunities should also be sought in the numerous contacts with women for child immunization, the massive social mobilization for universal child immunization and formal and non-formal educational programmes to provide comprehensive health education to adolescent and adult women and men.

23. In Africa, where the Bamako Initiative is being implemented, women's health should be incorporated as a major goal. UNICEF can also assist Governments to implement comprehensive safe motherhood initiatives as contained in document E/ICEF/1990/L.13, along the lines recommended by the 1990 Executive Board (decision 1990/16, E/ICEF/1990/13). A good example was reported in the United Republic of Tanzania, where UNICEF cooperated with the Government, the United Nations Population Fund (UNFPA), WHO and Family Care International in 1990 to evolve a national strategy and action plan on safe motherhood. The strategy emphasized raising women's socio-economic status, improving family planning, strengthening family life education for men and women and improving maternal health services, including emergency care and referrals. The adoption of healthy lifestyles by girls and young women will contribute to a significant reduction in maternal mortality, especially where early marriages and pregnancies before biological and psychological maturity can be prevented. The reduction of maternal mortality requires as much, if not greater, political will as the reduction of infant and child mortality.

Nutrition

24. Several countries reported disturbing indicators of women's poor nutritional status. For example, chronic anaemia in pregnant women ranged from 40 to 60 per cent in Myanmar and was as high as 70 per cent in women of child-bearing age in India. Most African women also suffer from chronic anaemia, but statistical data are inadequate. Low birth weight, which is a critical indicator of women's malnutrition, ranged from 5.1 per cent in Zimbabwe to 22 per cent in Myanmar and 30 per cent in India. It is also an increasing problem in Ecuador, although statistical data are not yet available. Iodine deficiency disorders, especially goitres, were also reported in all regions.

25. Studies in Ecuador, China, India, Namibia and the United Republic of Tanzania identified factors such as food production, access, feeding habits, financial resources and women's decision-making capacity at the household level on resource allocation as crucial to the maintenance of good nutritional status. However, most nutrition programmes have focused on somewhat limited components of service delivery rather than on comprehensive actions to achieve

a synergistic outcome. Thus, programmes (e.g., in Ecuador, Ghana, the Niger and Nigeria) have been directed almost exclusively towards women in food production and/or processing, the distribution of micronutrients, maternal and child supplementary feeding and nutrition education. What is required is the empowerment and improved capacity of women and their communities to act at different levels to bring about systemic changes in access to resources, decision-making and other fundamental conditions that influence their nutrition. Such an approach was advocated by the UNICEF nutrition strategy (E/ICEF/1990/L.6).

26. Several countries, including Brazil, Burkina Faso, Ecuador, Morocco and Thailand, have established food and nutrition surveillance systems at provincial and district levels to generate data for policy and action. The development of a national nutrition policy with clear gender and women's dimensions would be an essential step. Some countries (Bolivia, Ethiopia, Ghana and Madagascar) have developed or are developing such food and nutrition policies with UNICEF assistance. An ongoing UNICEF training course in nutrition should facilitate the process.

Education

27. The current levels of gender disparities in education reported in Africa, the Middle East and South Asia are quite high. For example, the female illiteracy rate in Yemen is 98 per cent, while the primary school enrolment of girls is only 11 per cent. In Guinea, where women constitute 51.3 per cent of the population, girls make up only 33 per cent of primary school enrolment; and 83.3 per cent of women are illiterate compared with 62.2 per cent of men. In Ghana, 35.1 per cent of girls, compared with 27.1 per cent of boys, drop out of school before completing grade six. Significant regional differences also occur in several countries (Bolivia, India, Nigeria, the Sudan and Turkey). For example, while enrolment rates for boys and girls in northern Sudan averaged 86 per cent and 84 per cent, respectively, they ranged between 46 to 62 per cent for boys and 24 to 37 per cent for girls in underserved regions in the south.

28. Most countries are currently assessing their educational systems in the light of the World Declaration on Education for All. Gender disparity reduction has been made a stated objective in several UNICEF country programmes (e.g., Bangladesh, Brazil, India and the Sudan). The new country programmes for India, the Sudan and Turkey have also targeted girls' education in the least advantaged states or provinces using new approaches and opportunities. Thus, Turkey plans to develop a mobile teaching system to reach illiterate girls and women and to reduce drop-out rates. The Sudan envisages the use of Koranic schools (khalwas) linked to the formal educational system to enhance girls' participation. Deliberate policies to recruit women teachers in Bangladesh and Yemen have also succeeded in increasing girls' enrolment in primary schools. Bangladesh demonstrated political commitment in 1990 when it made education free to grade eight for rural girls and primary education compulsory in an effort, among others, to delay marriage for girls.

29. Multi-purpose literacy programmes for women have been intensified in several countries (Bolivia, Senegal and Viet Nam) with innovations such as the use of local languages. In Bolivia, indigenous Indian languages, Quechua and Aymara, were introduced in primary school from 1988/89 to increase the number of Indian girls entering and staying in school. Radio and television have yet to be fully utilized as part of the third channel to reach women. The problem here is often one of physical and/or cultural access. Special efforts could be made, especially in the Middle East and North Africa, to use these readily available media to accelerate the education of girls and women.

30. The most serious constraints reported in efforts to expand learning opportunities for girls and women included poverty, especially in Africa, where the educational systems have been in disarray since the 1980s; the limited time management of girls and women; the lack of child-care facilities; early marriage and teenage pregnancy; gender stereotyping in school textbooks and curricula; and the shortage of qualified teachers. It should be recognized that the solutions to many of these problems lie outside the scope of the ministries of education. Thus, it is necessary to establish serious policy and operational links between the education ministries and other social and economic ministries, as well as NGOs who work closely with communities, as has been done in Indonesia, the Philippines and Thailand.

Water and sanitation

31. The relationship between the involvement of women in the management, maintenance and proper utilization of water and sanitation services and the success of these services has been demonstrated in many countries, including Cambodia, the Central African Republic, India, Indonesia, the Lao People's Democratic Republic, Mexico, Nicaragua, the Niger and the Sudan. Such involvement also saves time and energy for women and improves their status in the community. The very successful examples include Mexico, where women have played a predominant role in the implementation of a rural drinking water supply project that involved innovative technologies. The project resulted in a time saving of three hours per day per woman which were used for productive income-generating activities. In the Sudan, women technicians responsible for hand-pump maintenance greatly contributed to the 90 per cent successful functioning of the water supply system and the time saving of three to six hours per person per day.

32. Other initiatives are also under way. The new country programme for Myanmar has proposed women as the majority of the members of village water committees and maintenance workers. Training of the latter will incorporate Facts for Life messages. Indonesia is undertaking a new initiative in the training and deployment of women sanitarians for hygiene education. Some 50 per cent of the 15,000 cadres to be mobilized during the period 1990-1992 will be women. In Pakistan, a school water and sanitation programme has introduced hygiene education at the primary level, with preference given to girls' needs.

33. Women are seldom involved in planning the types and locations of water and sanitation facilities that might actually prove to be inconvenient for their needs for privacy and time. In implementing the decade goals in the sector, UNICEF project staff and country representatives will advocate for the necessary changes at the country level and promote women's active educational, technical, economic and socio-political participation.

Women's income and economic security

34. Since poverty and economic insecurity severely limit women's ability to care for their children and maintain their own status, well-being and self-confidence, income generation and economic activities have formed crucial parts of many UNICEF country programmes of cooperation. The scale of these activities has varied and so has the degree of success. In general, the scale has tended to be small; the projects have often been isolated organizationally from mainstream economic activities and have rarely gone to scale.

35. An example is a household food production and income-generation project in Zambia that was evaluated in 1990. The project assisted approximately 600 women to improve their income and agricultural output to some extent, but it had limited lasting impact on the welfare of the women and their families. Owing to poor management and the lack of technical skills, a revolving fund failed to operate effectively and a system for input distribution led to dependency of the beneficiaries on the donor supply line. The project was not integrated in the mainstream activities of the Ministry of Agriculture in the target districts or in the cooperative movement in the country. It lacked technical support, relevant technology and marketing capability, and was not well adapted to the prevailing economic environment. The lessons learned have been used to redesign the project in the new country programme.

36. Some women's economic activities, however, made good progress during the reporting period. For example, the UNICEF/Special Adjustment Facility for Latin America and the Caribbean women's project in Brazil has thus far assisted 418 small businesses with credit in the amount of $204,687, benefiting 1,990 people directly and establishing 142 solidarity groups. Project monitoring showed that 80 per cent of the women had improved their income and quality of life. With the support of the Ford Foundation, the project has also developed a training programme on gender issues for project staff and women participants. The project will initiate an income-generating activity for adolescent girls in north-east Brazil in 1991. Other ongoing projects in Burkina Faso, Egypt, Indonesia, Nepal and Sri Lanka, some of which are targeted to young women and women heads of households, also reported good progress. In Bangladesh, Ethiopia, India and Sri Lanka, successful projects have addressed women's economic security within the framework of integrated basic services for both rural and urban women.

Monitoring and evaluation

37. Monitoring and evaluation of the gender and women's dimensions in UNICEF country programmes of cooperation, as well as their component sectoral

programmes, have yet to be systematized. At present, systematic monitoring focuses mainly on the extent to which women are beneficiaries of each UNICEF programme, not on the various aspects of women's participation. The development of appropriate indicators and terms of reference is under way. Sectoral guidelines and checklists for the incorporation of gender and women's issues are also being developed for the different stages of the country programme process. In the meantime, several countries have undertaken micro-studies to identify socio-economic indicators related especially to educational disparities by gender (Bangladesh, Ethiopia, Nepal, Sri Lanka and Turkey) and women's participation in health programmes (Bangladesh, the Central Africa Republic, the Niger, Tunisia and Viet Nam).

38. During the year, Bolivia, Brazil, Burundi, El Salvador, Egypt, Mexico, Nepal and Zambia, as well as the Caribbean region, also showed an encouraging trend in the close monitoring and evaluation of women's income-generating projects. In El Salvador, there has been a praiseworthy collaborative effort involving the United Nations Development Fund for Women (UNIFEM) and other agencies in such evaluations. The most important constraints identified in the projects include the lack of proper feasibility studies, the lack of credit and time-saving technologies for production, poor management, fragmentation and isolation from mainstream economic processes. Assessments in Colombia and Mexico further showed a constraint in the traditional attitudes of male agricultural, technical and economic development officers. They tended to regard peasant women as passive beneficiaries, not active development agents, and so were reluctant to provide them with technical assistance. UNICEF Colombia has proposed training workshops on how state development agencies could support peasant women's economic development activities.

II. MEASURES TO IMPROVE GENDER-SENSITIVITY AND RESPONSIVENESS OF OPERATIONAL ACTIVITIES

39. The analyses of experience presented in the present report, and the conclusions of in-house consultations, show that certain fundamental measures need to be taken to assure significant and sustained progress in gender-sensitive programmes that are also responsive to the specific needs of girls and women. Five of these measures are outlined below.

A. National and UNICEF corporate priority and commitment

40. Most countries with which UNICEF cooperates have adopted the 1985 Nairobi Forward-looking Strategies for the Advancement of Women and have acceded to or ratified the 1979 Convention on the Elimination of All Forms of Discrimination against Women. Salient features of the above-mentioned Forward-looking Strategies and Convention have been reinforced in the Convention on the Rights of the Child, the World Declaration on Education For All and the World Summit Declaration and Plan of Action on the Survival, Protection and Development of Children in the 1990s.

41. Article 2 of the Convention on the Rights of the Child enunciates the principle of non-discrimination among children on the basis of sex and other criteria, while articles 19, 24 and 34 emphasize equitable health care, the abolition of traditional practices prejudicial to the health of children and their protection from sexual abuse and exploitation. These issues are covered by articles 5, 12 and 16(2) of the Convention on the Elimination of All Forms of Discrimination against Women. UNICEF goals for the 1990s also incorporate specific concerns of girls and women such as the reduction of maternal mortality, special attention to the health and nutrition of the girl child and adult women, universal access to safe drinking water, universal access to primary education and the reduction of adult illiteracy, with a special emphasis on girls and women. These goals are consistent with the objectives of the Convention on the Elimination of All Forms of Discrimination Against Women and the Nairobi Forward-looking Strategies. Most recently, the World Summit for Children Declaration and Plan of Action reiterated the broad commitment to the advancement of girls and women. The Declaration (para. 20(4)) stresses the commitment to "work to strengthen the role and status of women". This is elaborated in the Plan of Action (para. 15):

> "The enhancement of the status of women and their equal access to education, training, credit and other extension services constitute a valuable contribution to a nation's social and economic development. Efforts for the enhancement of women's status and their role in development must begin with the girl child. Equal opportunity should be provided for the girl child to benefit from the health, nutrition, education and other basic services to enable her to grow to her full potential."

42. Thus, at the start of the 1990s, the ratifying countries and the international community have the necessary instruments to ensure the sound and equitable development of girls and women. Moreover, the current processes of decentralization and democratization in many countries provide unique opportunities to reach women and strengthen their participation in decision-making at community, regional and national levels. Action by countries and UNICEF to accord high priority from the highest political and corporate levels to the advancement of girls and women in national development plans and programmes of cooperation will help to achieve the decade goals for equitable human development.

B. Training

43. At its 1990 session, the Executive Board expressed concern that organization-wide training of UNICEF staff in gender analysis and gender-responsive programming had not taken place as it had requested of the UNICEF secretariat in 1988. Several country offices and the regional networks of focal points in the Americas and the Caribbean and Eastern and Southern Africa have organized training on women in development and gender sensitization, but this has been inadequate and a system-wide training is required.

44. The Executive Director affirmed this need at the high-level, in-house consultation held in November 1990. He directed that gender-sensitive training for staff should be carried out in 1991/92. In response, the Development Programmes for Women Section and the Training Section have adopted a multi-pronged training strategy to make optimal use of available resources and opportunities. A UNICEF-specific, gender analysis framework is being developed to provide a methodology on how to incorporate gender and women's concerns into programmes. The framework will also be used to review and revise existing UNICEF training packages and to guide the preparation of new ones. Staff at different levels and in different categories will also be trained, with a target of reaching at least 50 per cent by 1992. By 1994, all staff will have been sensitized and trained. National counterparts will also participate in the training with UNICEF staff at the appropriate levels.

C. Policy development

45. Several country reports indicate that a major obstacle to the implementation of UNICEF policies on girls and women is the absence of clear government policies for the advancement of girls and women. Too often, national guidelines for the promotion of women are fragmented, and the oversight responsibilities are located in the weakest branches of government bureaucracy. Occasionally, too, there are conflicting interests between the official ministries, departments and bureaux responsible for women's affairs on the one hand and political or mass women's organizations on the other. Finally, the views of women at the community level do not influence the policy-making process unless there are effective decentralized and democratic mechanisms.

46. In order to promote national policy development, UNICEF will intensify its advocacy using the global conventions and declarations on women and children. Advocacy will be supported by information and gender-disaggregated data collected through national and subnational situation analyses and operational research. In this regard, a notable achievement was recorded in Bangladesh in 1990. After two years of involvement in research, advocacy and technical support, the UNICEF Dhaka Office, in cooperation with other donors, supported the Government through the Ministry of Planning to incorporate a clear strategy and objective on girls and women in the macro-chapter of the fourth five-year plan (1991-1995) and to identify women-related objectives and targets, along with budgetary allocations, in all development sectors.

D. UNICEF institutional capacity

47. The capacity of the Development Programmes for Women Section at UNICEF headquarters and the corresponding units at the regional level to assist country offices effectively in policy and programme development, the monitoring of trends, the promotion of research, training, information and experience-sharing on a continuing basis depends heavily on the level of staff and financial resources. Headquarters- and regional-level assistance is

especially needed in country offices with low technical competence in gender and women's issues and/or complex situations of girls and women.

48. The Professional staff in the headquarters section is expected to increase to two in 1991. At present, only two regions, the Americas and Caribbean and Eastern and Southern Africa, have regional advisers. Regional advisers, who have to be technically competent, are invaluable in providing close support to needy country offices, promoting intraregional networking, technical cooperation, experience sharing and strengthening of UNICEF collaboration with regional development institutions. In fact, some sectors in UNICEF (e.g., health and education) have promoted the appointment of regional advisers for the same reasons. Other United Nations organizations, including UNIFEM, the United Nations Development Programme (UNDP) and the International Labour Organisation (ILO), have also appointed or are in the process of recruiting regional advisers or coordinators on women's development issues to improve the efficiency of field office support. The situation of UNICEF regional advisers on women's issues will be reviewed and action taken in the light of the needs of the regions.

E. Inter-agency coordination and collaboration

49. Mechanisms exist at the headquarters level through the Ad Hoc Inter-Agency Women's Group of the Administrative Committee on Co-ordination, the Joint Consultative Group on Policy (JCGP) Subgroup on Women and the networking of the women's units of the different organizations to promote information exchange and occasional joint activities. For example, through the JCGP Subgroup on Women, UNICEF is supporting a study of the operational implications of recent analyses of women and structural adjustment. UNICEF is also a major initiator, participant and contributor to a study on "The world's women: statistical portrait 1970-1990" being undertaken under the leadership of the Statistical Office of the United Nations Secretariat and in cooperation with UNFPA, UNIFEM and the Division for the Advancement of Women of the United Nations Office at Vienna. It is due for release in June 1991.

50. At the field level, positive experiences have been reported in several countries, including Bangladesh, Brazil, Ghana, Indonesia, Turkey, the United Republic of Tanzania and Zambia. In Indonesia, as in Bangladesh, UNICEF chairs an Informal Group on Women in Development in which all major bilateral and multilateral donors and a number of NGOs participate. A UNICEF pilot experience in carrying out subnational situation analyses on women in selected provinces encouraged the Canadian International Development Agency, working in close consultation with UNICEF, to support similar studies on women in each of the remaining 23 provinces of the country.

51. Undoubtedly, there are constraints to inter-agency coordination, including differences in the focus of mandates on women, programming cycles, funding requirements and management styles. Nevertheless, much progress has been made in collaboration and there is considerable scope for further collaboration at the country level in operational areas such as joint

situation analyses of girls and women, gender-sensitive training, development of monitoring and evaluation indicators relevant for particular country situations and evaluations of women-related programmes and projects. Such technical collaboration is being encouraged between UNICEF and other United Nations agencies, NGOs and bilateral donors, especially those that have made gender and women an integral part and criteria for their development assistance.

III. FURTHER ACTIONS

52. The present report, especially chapter II, has indicated several areas requiring further action.

53. With particular reference to the girl child and adolescent:

(a) All country offices are being encouraged to:

(i) To undertake situation analyses and gender-disaggregated data collection, where necessary, in 1991 as baselines to identify areas for strategic interventions in the 1990s;

(ii) To promote specific and appropriate measures to delay early marriage and early child-bearing;

(iii) To ensure that priority is given to the education of the girl child, especially where there are severe disparities against her;

(b) Regional and headquarters offices will intensify their advocacy with regional and international development bodies, both intergovernmental and non-governmental, and promote collaborative operational activities;

(c) The Commission on the Status of Women will be encouraged to review periodically the situation of the girl child and adolescent as part of its regular agenda;

(d) Reviews of the implementation of the Convention on the Rights of the Child, the World Declaration on Education for All and the World Summit for Children Declaration and Plan of Action on the Survival, Protection and Development of Children in the 1990s will be encouraged to include specific reports on the status and conditions of life of the girl child, taking into account the Convention on the Elimination of All Forms of Discrimination against Women.

54. Further actions are also required in the following areas:

(a) A comprehensive approach to women's health in which health education for women and men, family planning, responsible parenting and safe motherhood will be major components. In this regard, the level of maternal mortality would be considered an indicator of the quality of life;

(b) The education of girls and women as the central focus of UNICEF programmes of cooperation in education in order to ensure sustained improvement of women's status and development opportunities;

(c) Strengthening of women's involvement in programme planning and design in all sectors to enhance their responsiveness to women's particular needs in decision-making, work-load reduction, time and energy-saving, and income-saving or income-generation;

(d) Programme monitoring and evaluation to identify the short- and long-term impact of programmes on different categories of girls and women, especially poor women heads of households in urban and rural areas, disadvantaged women in particular ethnic or socio-cultural group and women adversely affected by economic, environmental or political crises.

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FOR INFORMATION

THE BAMAKO INITIATIVE

Progress report

SUMMARY

The present report describes the progress made with preparatory activities and individual country programmes for implementing the Bamako Initiative. It discusses the contribution made by the Initiative to the provision of an accessible, affordable and sustainable health care delivery system in sub-Saharan Africa as well as in other regions of the world. A core group of 12 countries is well into full-scale implementation, while an additional 15 countries have either initiated preparatory action or an in-depth assessment of the prevailing health delivery system. The report analyses continuing constraints, both programmatic and operational, to implementation, and gives examples of increased attention to monitoring, evaluation and operations research.

As recommended by the Executive Board at its 1990 session, UNICEF has channelled additional general resources to several countries under full implementation of the Initiative. Some initial donor support has been received, but there continues to be an urgent need for additional donor support in order to maintain the achievements made to date and to respond to the increasing financial contribution provided by communities themselves.

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INTRODUCTION

1. The historic World Summit for Children, held on 30 September 1990, has generated an unprecedented level of commitment by the world community to improve the situation of children and women based on a definite set of goals. In the 1980s, universal child immunization (UCI) and the control of diarrhoeal diseases (CDD) were the principal elements of UNICEF cooperation in maternal and child health (MCH), thus enabling health services in many countries to demonstrate significant accomplishments and providing the basis for an organizational model. The health goals of the 1990s, however, go far beyond UCI and CDD, entailing a major effort in capacity-building to establish health services that are accessible, appropriate and sustainable. Only with such strong peripheral health care systems will countries be able effectively to address old problems such as malaria, acute respiratory infections (ARI), low birth weight and perinatal trauma, and new ones, specifically acquired immunodeficiency syndrome (AIDS), that threaten to slow the gains already made in improving infant and child survival and the health and nutrition of children and women.

2. The ambitious goal to improve health status contrasts, however, with the crisis conditions actually prevailing in health care delivery systems in Africa and in many other parts of the world. People have lost confidence in public sector health services where drugs are often unavailable and the quality of care is poor. Patients may either seek alternative, frequently high-cost, care or deny themselves treatment.

3. The Bamako Initiative is a major post-Summit strategy for reviving, strengthening and extending such beleaguered basic health care services, particularly at the district level and below, thus addressing the health goals of the 1990s and responding to the challenge of Health for All by the year 2000. Its key challenge, given the prolonged economic crisis, is to mobilize additional resources for health, while at the same time expanding service coverage to meet the needs of those still without access to basic health care. Emphasizing MCH, the Initiative integrates a wide range of individual health interventions, such as UCI, CDD, pre- and post-natal care, and the prevention and control of malaria, ARI and AIDS. The difference with the Bamako Initiative is that it ties the revival and strengthening of these basic health services to the people's greater participation and control, which was a key element in the Alma Ata declaration on primary health care (PHC). Local ownership makes services more effective and more appropriate to local conditions, with the finances generated being managed by the communities themselves.

4. During 1990, continued advocacy and action, both in individual countries and within international forums, further enhanced the development of the Initiative. UNICEF and the World Health Organization (WHO) have continued to collaborate closely. This is most evident at the country level often through joint involvement in national task forces overseeing preparatory work and eventual implementation. In June 1990, the Pan-African Conference on the

Financing of Community Health Activities, organized by the WHO Regional Office for Africa, in collaboration with UNICEF, and attended by over 150 African health experts, reinforced the conviction of African countries that the Bamako Initiative was essential in reaching health goals and making PHC universally accessible (see the annex for the Kinshasa Declaration).

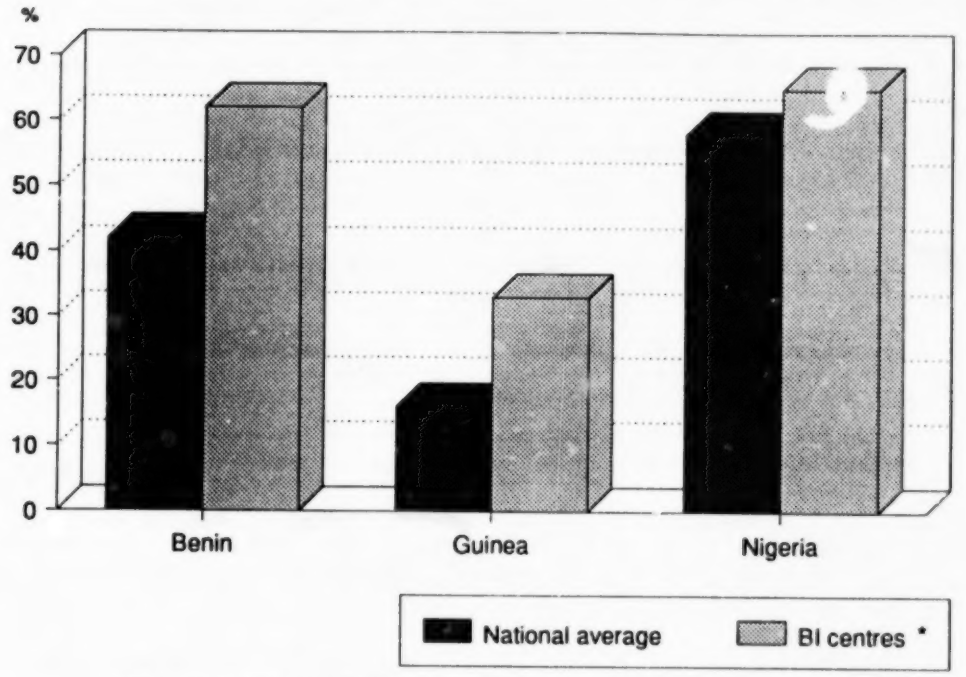
5. The 1980s were not without successes in health development. Progress was made in UCI; significant numbers of health services run by non-governmental organizations (NGOs) provided care; essential drugs programmes were established, in some cases on the basis of revolving drug funds; and interventions for specific diseases were targeted. The consolidation of those efforts into coherent district-based health systems, with community involvement in their management and financing, is viewed as the way to establish services that can be sustained even in the most difficult economic, social and political circumstances. The importance of focusing on the long-term needs of African health is receiving the growing support of international development agencies. The increasing prominence of the World Bank in African health development has been especially noticeable in 1990, along with the growing involvement of the European Communities (EC).

6. Within UNICEF country programmes of cooperation in sub-Saharan Africa, the Initiative, as recommended by the Executive Board at its 1990 session (decision 1990/15) is becoming the core of health sector support. At the 1991 session of the Executive Board, seven countries (Cameroon, Equatorial Guinea, Ghana, Guinea, Nigeria, Sao Tome and Principe and Zambia) are presenting new country programme recommendations and one (Zaire) is presenting a bridging programme, with the Bamako Initiative as a major component. These will significantly increase UNICEF commitment to the Initiative, through both general resources and supplementary funding.

7. The Initiative is beginning to benefit from an improved information base. Situation analyses are increasingly being carried out at the district level, a need that WHO had been stressing for several years. Sierra Leone, for example, has already completed detailed health analyses in 4 of 13 districts that will lead to more accurate planning and eventually to an in-depth national assessment and health plan for the medium term. Monitoring systems in several countries, such as Benin, Guinea and Nigeria, are tracking major trends, especially the levels of community financing, utilization of services, types of care provided and essential drugs used. Of note is evidence from Benin and Guinea that points to higher immunization coverage in areas under the Initiative, suggesting that the Initiative can help to sustain UCI in the long term (see figure 1). Operations research is also analysing such issues as the savings the Initiative may make possible in Mauritania from lower transport costs in households seeking medical care or drugs, as well as examining health habits, practices and costs of care in Sierra Leone.

Figure 1

Immunization coverage with DPT3 in selected countries, 1989



* "BI centres" refer to those areas where health centres have been revitalized under the Bamako Initiative

I. CONCEPT

8. The original resolution, passed by the African ministers for health meeting at Bamako, provided a clear orientation in aiming: (a) to accelerate PHC; (b) to give priority to women and children; (c) to define and implement self-financing mechanisms at the district level; (d) to encourage social mobilization for community participation in MCH and PHC; (e) to enable communities to be principal partners in health care development; and (f) to ensure regular supplies of essential drugs.

9. Guidelines elaborated jointly by WHO and UNICEF, and later approved by the ministers for health in 1988, have remained valid. WHO and UNICEF support is dependent on a country's interest in and adherence to the following basic principles:

(a) National commitment to accelerating the provision of universally accessible PHC services;

(b) Substantial decentralization to the district level of the health ministry's decision-making for the management of PHC;

(c) Decentralized management of community resources, thereby allowing the funds collected at local facilities to remain under community control;

(d) The application of consistent principles governing community financing for health care services throughout the different levels of the health system, making it inappropriate to provide free service at urban hospitals while requiring payment for community-based services;

(e) Substantial government financial support for PHC to ensure that the health budget is maintained at least at its current level of support to district and local services;

(f) Policies on essential drugs that are compatible with, and complementary to, the rational development of PHC;

(g) Measures for ensuring that the poorest people have access to PHC services;

(h) The clear definition of intermediate health system and management objectives and the establishment of indicators to measure them.

10. The relationship between the Initiative and PHC is very specific. In placing responsibility for PHC at the local level, but with continuing technical support and supervision from national, regional and district levels, four key components are highlighted:

(a) The basic health care delivery system is the principal focus of the Initiative, through which the majority of health care interventions, particularly those for mothers and children, can be provided. The role of the district hospital in both supervision and referral is recognized at the same time as no less crucial, considering also that it provides direct care to mothers and children in the urban population;

(b) The role of essential drugs is pivotal in basic care for treating such prevalent illnesses as malaria, ARI, diarrhoea, parasitic infections, and for helping to prevent such conditions as anaemia during pregnancy. Ensuring that affordable, essential drugs are readily available under controlled prescribing conditions in health facilities both builds trust in and reliance on health facilities and protects people from the drugs and substances, often of dubious quality, so readily available in local markets;

(c) The financing of basic health services occupies a prominent place in any assessment of health sector constraints. Expenditures on health have declined in many countries, resulting in a breakdown of health services. The most critical effect has been the loss of workers from the health system in response to salaries whose purchasing power has been eroded, or which even frequently go unpaid. It is clear that health services cannot be revived without attention to the fact that only well-motivated health workers can provide appropriate services. Cost-sharing, with community financing playing an important role, is being adopted in most countries unable to run health

services through government funding alone. The guiding principles of the Initiative, however, emphasize the need to maintain and possibly increase national expenditures on PHC;

(d) The degree of community involvement in the management and financing of local health services is the main indicator of the success of the Initiative. The community, as a full partner in health care, develops a greater awareness of better health practices, especially for children and women. Local health committees either grow out of existing development committees or act as initial focal points of local involvement in development. Although community financing, with the funds managed by the communities themselves, can contribute significantly towards meeting the local costs of services, community self-sufficiency is not the aim of the Bamako Initiative. Rather, the aim is to foster a partnership in health services' management between the community and the Government.

II. PRINCIPAL ISSUES

11. As reported in the past, the Bamako Initiative, fraught with difficulties and constraints, is not an easy undertaking, especially given the severe economic conditions in sub-Saharan Africa and the fragility of many public sector institutions. Because Governments are unable to respond to many of the needs, it is essential that more reliance be placed on community structures. Nevertheless, it is recognized that these structures are changing with rapid urbanization and the increasing temporary or permanent migration of wage earners in search of work and, thus, this presents an additional challenge. Moreover, the democratization taking place in many African countries, while enhancing local action in development, could at the same time further marginalize the poorest segments of society, which would be the least likely to benefit from new economic systems. These and other factors underscore how difficult it is to predict overall development trends in Africa and complicate the revival of the continent's health sector.

A. Health care delivery system

Situation of health workers

12. The low salaries of health workers - who sometimes are not paid at all - constitute perhaps the most severe constraint in reviving and extending health services in sub-Saharan Africa. Any attempt to provide quality care through local health services is seriously undermined when health workers, faced with the need to survive, either dedicate themselves to parallel private sector practice, including the sale of drugs, or spend much of their time at other occupations. To expect the health worker to be an educator and motivator under such conditions is unrealistic. Nevertheless, their dedication is not to be underestimated and even small incentives, as now provided under the Initiative in Benin and Guinea from community financing, have substantially increased the quality of service. The prime responsibility for the payment of

health workers' salaries, however, still lies with Governments, and the Initiative strongly emphasizes this.

Decentralization

13. The Initiative, perhaps more than anything else, is aimed at national capacity-building as it attempts to rationalize the type of health services being provided and how they are operated. The emphasis on providing services at the district level illustrates the need for more rapid decentralization. In Kenya and Sierra Leone, one approach is having success in this capacity-building effort that emphasizes decentralization. Detailed district situation analyses are prepared that highlight not only the health problems and needs in each district, but also the differences from district to district in terms of epidemiology, infrastructure, leadership and other key factors that point to the need for greater district-level decision-making. The added advantage of such detailed situation analyses is that collectively they form a comprehensive assessment of the health situation in the country, thus supporting the development of long-term national health development plans. Nevertheless, while such positive examples of effective decentralization can be found, many countries are still reluctant to divest authority over certain controls, notably financial management.

Human immunodeficiency virus/acquired immunodeficiency syndrome

14. The impact of human immunodeficiency virus (HIV)/AIDS on health services is growing, particularly in high-incidence countries. A large percentage of the bed capacity in health facilities is taken up by AIDS patients, thus resulting in a significant concentration of resources for their care. Infected infants and children arrive at health facilities ill from opportunistic diseases, but fail to respond to normal treatment. The strain on the health care system from HIV/AIDS makes it more urgent than ever that the system be strengthened, upgraded and extended as quickly as possible, with health workers being key agents in education on HIV/AIDS prevention.

Reaching the unreached

15. Currently, one half of the population on the African continent has no access to even minimal formal health services. Correcting this inequity requires accelerated national planning and the identification of resources with which to extend the basic health care system. While community financing represents a new source of funding for health care, it will not be enough for the rapid expansion needed. External resources will have to play a far greater role than in the past, joining in a dynamic government-community-donor partnership that can help to implement the national health development plans gradually taking shape in some of the countries moving forward with the Initiative.

Environment and population

16. One of the Initiative's principal objectives is to reduce infant and child mortality rates. Reducing under-five mortality is an important step

towards reducing the population growth rate, as parents gain confidence that their children will not die and leave them alone or destitute in sickness or old age. In addition, the system for supplying essential drugs is increasingly being used by Governments to distribute other items, including family planning supplies. In the initial demonstration areas in Kenya, for example, village pharmacies stock not only the essential drugs dispensed by community health workers (CHWs), but also insecticide-impregnated mosquito nets, which are sold to the public, and condoms, which are available free of charge. Such an arrangement facilitates the offering of family planning advice to those who seek it and makes the eventual reduction of HIV transmission possible. Furthermore, it is expected that as communities begin to accumulate funds and deepen their understanding of their situations and the reasons for them, they will improve their environment by supporting actions in such areas as water supply, sanitation and reforestation.

B. Essential drugs management

Rational use of drugs

17. The appropriate use of drugs remains a key area of concern in a revitalization process that puts emphasis on an assured supply of essential drugs. The preparation of standard protocols for diagnosis and case management continues to be a priority for improving rational prescribing, and several countries, such as Cameroon and Mauritania, have followed the lead set by Benin, Guinea and Nigeria in this area. Patient demands for drugs however, continue to be unrealistic in many instances. The widespread availability of drugs from peddlers or local markets is a major impediment to instituting better prescribing and consumption practices, as patients who are dissatisfied with the range and nature of drugs available from health services can immediately turn to these alternative sources. Consumer education and the way it is undertaken both within and outside the health system is, therefore, of immediate concern and a priority action for the future.

National drug policies

18. WHO has continued to pursue the adoption of national drug policies in various countries, such as Guinea and Mali. UNICEF has also been involved in extensive reviews of the pharmaceutical sector in Rwanda and Sao Tome and Principe. The World Bank and the African Development Bank (AfDB) are increasingly involved in either restructuring the pharmaceutical sector, leading to increased local capacity for drug production, or granting loans for essential drugs inputs, and their support will have considerable impact on the establishment of national policies. External sources still provide the majority of drugs used in the public sector so decisions on foreign exchange needs have remained in the background. UNICEF in-country advocacy, especially among political leaders, parliamentarians and other decision makers, has, nevertheless, continued to highlight this pending need.

C. Community financing

National policy

19. The prolonged economic crisis has meant that national budgets have not increased, and the likelihood of any significant growth is remote. The main strategy of national policy, therefore, has been to introduce cost-sharing, usually in the form of user fees for health care. At the same time, it is now accepted that public sector service quality must improve before significant local financing can be stimulated. The Initiative addresses such improvement very specifically through a series of actions in training and supervision, community involvement and improved case management. Donor support is most critical in these actions during the start-up period, which can take from several months to years, depending on social, cultural and economic constraints.

20. UNICEF has continued to support countries, in collaboration with WHO, the World Bank, bilateral agencies and NGOs, in assessing the broad aspects of their health sector financing with a view to alternative sources and improved management of funds. In Uganda, UNICEF has contributed to policy discussions through its work with the national health financing task force. In Zambia, the focus has been on existing community financing schemes and their role in the evolving national health financing process.

Financing mechanisms and equity

21. The experience in many countries proves that patients are willing to pay for what they consider a reasonable quality of care, corroborating what many NGOs, notably mission hospitals and health centres, have known and practised for a long time. However, no hard and fast rules can be applied to community financing, and different communities will have different goals and levels of performance. Kenya, for example, has taken a broad approach with women's income-generating activities such as basket weaving, complementing funds generated in the village pharmacy.

22. Initial operations research on the ability to pay in Sierra Leone, for example, is beginning to show that even poor households hold cash in reserve for emergencies such as health care. If the need is greater than their reserve, however, they may have to sell assets, typically foodstuffs, to generate additional resources. 1/ This may have a negative short-term impact on the family. On the other hand, evidence seems to be mounting that the Initiative, by placing affordable treatment with essential drugs closer to the consumer, will begin to reduce direct household expenditures on health care.

23. This suggests that the Initiative will improve access to care for the poor. However, the issue remains of those who, because they are unable to pay for care, therefore deny themselves treatment. Community action still seems to be the most appropriate way of protecting the poorest in the sense of solidarity, and consistent observation in rural areas in several countries tends to support this view. Research has been initiated in Benin and

Mauritania on this specific issue, but no conclusions have yet been reached to assess the degree to which the poor are excluded from using health services owing to financial constraints.

Use of community funds

24. Because donor inputs cover the costs of most essential drugs requirements in the first years of the Initiative, some countries are accumulating and holding funds in local bank accounts. Small amounts are used to pay some local operating costs, including incentives for health workers, but most of the accumulated capital is unused. Such accumulation, even for relatively short periods, however, presents great risks, particularly from inflation, and constant vigilance is required to avoid loss. Interestingly, some reinvestment of community funds is beginning, such as the use of funds in one village in Mauritania to buy tools for a women's cooperative.

D. Community involvement

25. Community action is at the heart of the Initiative, and the Initiative supports community involvement at each of the various levels of health care delivery. Where local government is effectively organized, such as in Nigeria, there is already popular participation in the existing councils, and health issues, particularly concerning children and women, are emphasized.

Role of women

26. The specific attention focused on women by the Initiative does not change the fact that they play a very limited role in decision-making at the local level. Men still dominate local committees and thus control decisions about health care organization and delivery, as well as those affecting the use of community funds, including funds for health that often come directly from budgets contributed by women. In some ways, therefore, moving rapidly ahead to provide basic health care for women and their children could be argued as ignoring the more long-term process of increasing women's decision-making role. The assumption guiding the Initiative, however, is that improvements in health and welfare are the first step for improving the lives of women and girls. Improved child survival rates eventually lead to reduced numbers of pregnancies, and easier access to water supplies can ultimately help improve women's and girls' economic and educational opportunities. Nevertheless, this area will require constant monitoring and research to determine whether progress in health does improve the status of women in the long term.

Urban community

27. The Initiative is primarily recognized as a strategy to revive rural health services. Yet, although access to health care is generally easier in urban areas, at least in physical if not financial terms, Africa is a rapidly urbanizing continent and the Initiative will have to give increasing attention to the health needs of urban populations, especially those on the social and

economic margins. In collaboration with other donors, more focus on the district hospital is slowly being introduced, with such action as the rehabilitation of MCH wards in Sierra Leone, with UNICEF support. In the same country, work has already started on the Initiative in the Western Area, where Freetown, the capital, is located.

III. COUNTRY ACTION

A. Experiences of 12 core countries

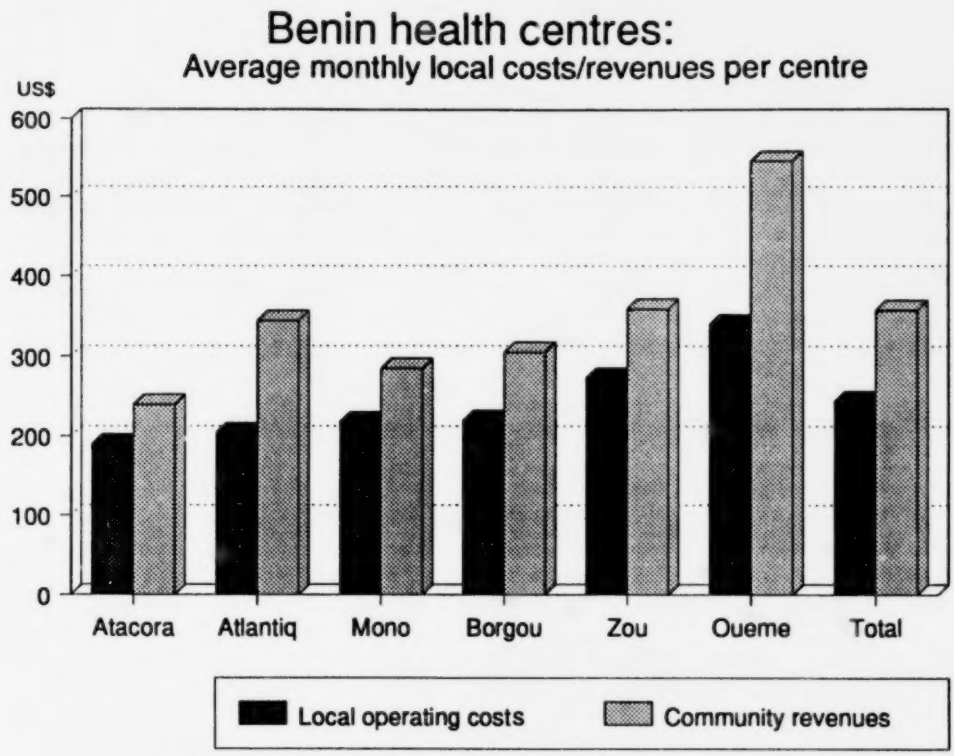
28. Since the Bamako Initiative was formulated, its influence has been felt in most countries in sub-Saharan Africa. By late 1990, in particular, a core group of 12 countries had reached clear definitions of the Initiative, largely in accordance with its guiding principles, but taking into account the social, economic and political situations in each country. The 12 have moved forward or are about to initiate field-level implementation, each building upon many long-standing forms of community action.

Benin

29. In Benin, the Initiative has become the national health strategy. Of the 400 commune (subdistrict) health centres in the country, 375 are at some stage of implementing the Initiative, 200 with UNICEF assistance and the rest with the assistance of other donors, particularly bilateral assistance from the Governments of Germany, the Netherlands and Switzerland. Meetings between the Government and donors, including also WHO and the World Bank, are held every three months to coordinate action, and resulted in joint support to a Drug Procurement Unit in the Ministry of Health.

30. The present emphasis of health services is on providing immunization, oral rehydration therapy (ORT), basic curative care and pre-natal care. Coverage for immunization and pre-natal care of the populations with access to the centres stands between 60 and 70 per cent. A comprehensive evaluation of the Initiative, held in March 1990, demonstrated the continuing progress in quality and coverage of basic health care services and in community financing and management (see figure 2). In general, attempting to reach those who live far from a health centre and extending health services into the 100 or so communes lacking health facilities are the main challenges now facing the Initiative in Benin.

Figure 2



Data were taken from 166 health centres from July to December 1989.

Burundi

31. Significant progress has been made with the Government of Burundi in terms of programme development, under the leadership of a technical task force for the Bamako Initiative. A specific proposal for supplementary funding is being presented to the Executive Board at its 1991 session (E/ICEF/1991/P/L.24) as a result of the in-depth assessment and planning in 1990 involving, among others, staff at the Institute of Tropical Medicine at Antwerp, Belgium, who provided technical assistance. Burundi's health insurance, the Carte d'assurance maladie, can be purchased by a household on a yearly basis and covers fees at medical facilities. However, it is estimated that less than 20 per cent of people use the Carte d'assurance maladie owing primarily to the poor quality of care in health centres. Additionally, the revenues generated from the Carte d'assurance maladie go directly to the district government, which is not obliged to use them for health financing, thus discouraging broader participation. Nevertheless, the Carte d'assurance maladie provides an important base for implementing the Initiative and one district, Muyinga, has started specific action in this regard.

Cameroon

32. In October 1989, the Government of Cameroon reoriented its national health policy to PHC, following a national seminar that assessed the prevailing status of health and health care delivery in the country. Many of the strategies adopted fall within the guiding principles of the Initiative and, although no national plan exists, several programmes are being implemented, with notable bilateral cooperation from Germany, the United States Agency for International Development (USAID) and EC. An intersectoral committee exists for PHC, a subcommittee of which, with WHO and UNICEF participation, is working out action plans for the Initiative. A new country programme recommendation is being presented to the Executive Board at its 1991 session (E/ICEF/1991/P/L.6), with the Initiative as a central component of health sector development. It will be initiated in 22 subdistricts and eventually reaching 158 subdistricts, covering about 1.6 million people, or 13 per cent of the total population.

Equatorial Guinea

33. Preparatory action in Equatorial Guinea started in 1990. Accelerated UCI action has resulted in the strengthening of supply logistics systems, an important prerequisite for the start-up of the Initiative. The training of health staff has taken place at national and district levels. Implementation will begin in 1991 in selected health facilities. The Initiative is the basis of the health sector component of the new country programme being presented to the 1991 Executive Board (E/ICEF/1991/P/L.20). Key health interventions will build on immunization and consolidate action in CDD before introducing activities in the prevention and control of ARI and growth monitoring and promotion.

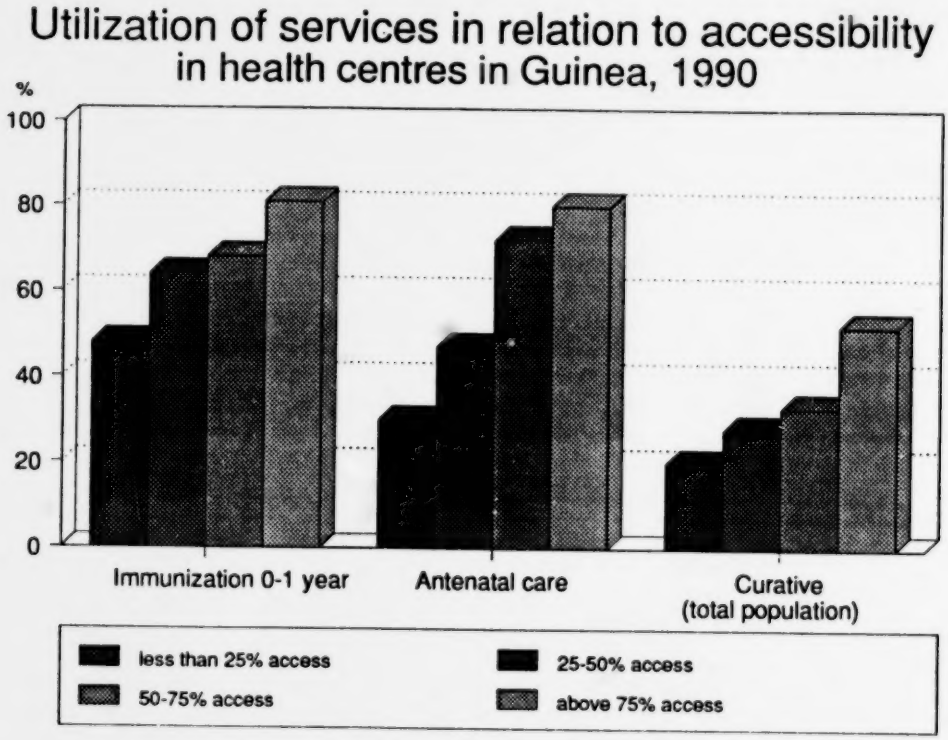
Guinea

34. In Guinea 175 of some 350 subdistrict health centres will operate under the Initiative by early 1991. The other half will be subject specifically to UNICEF support within the framework of the new country programme recommendation also being presented to the Executive Board at its 1991 session (E/ICEF/1991/P/L.8). Donor collaboration in Guinea, under the Ministry of Health Coordination, is significant. WHO and AfDB are supporting work to restructure the national drug supply system and the World Bank is active in PHC in one of the four regions of the country. Bilateral assistance from France is geared towards the revitalization of district hospitals and Medecins Sans Frontieres (Doctors Without Borders) is supporting Initiative action in several districts.

35. Guinea is well advanced in implementing the Initiative, having started in 1988, consolidating an earlier integration of several health programmes. The utilization of revitalized health centres continues to increase, although the level of utilization, as measured by the monitoring system in place, varies according to how near people live to the centres (see figure 3). Community financing is able, on average, to cover essential drug costs, but only around

85 per cent of other local operating costs. Community action has been strong in Guinea, aided by the decentralization policies of the Government under the Secretariat for Decentralization. A comprehensive evaluation of the Initiative was carried out at the end of 1990, which will highlight both the successes and shortcomings to date.

Figure 3



Kenya

36. Kenya has begun to implement the Initiative on a small scale in three clusters of villages in Kisumu District, and plans to extend implementation to 12 districts by 1991. The objective of the Initiative is to expand the CHW network, which is supported through the community management and financing of small village pharmacies, which stock nine commonly used drugs. This action is closely supervised by the district and local health system, which is beginning to benefit financially from the introduction of cost-sharing in health care delivery. Several donors have been consulted in this start-up action. WHO has sponsored a workshop to examine the formulation of a national drug policy. An Initiative plan for the next four years has been prepared, laying the basis for eventual nation-wide implementation.

Mali

37. Many developments in Mali are directly related to and form the basis of the Initiative, including decentralized health management in the Mopti Region and community-based nutrition activities at Segou. After close consultation with the World Bank, UNICEF and the Ministry of Health, the Government completed negotiations with the World Bank on its second health and population project, which will incorporate the major aspects of the Initiative. The project will cover five regions, with the International Development Association providing $23 million; and resources from other donors, such as USAID and EC, are also being mobilized. UNICEF technical support will take the form of one health adviser in each of the five regions to support local planning, management and community mobilization activities. UNICEF will also continue to support actions to help populations outside the reach of World Bank activities, particularly at Timbuktu and Gao.

Mauritania

38. In Mauritania the Initiative is being implemented in 28 villages in two trial zones, with local financing reaching levels sufficient to cover local operating costs, including essential drugs. A national strategy for village-based PHC is emerging from both this experience and other actions being carried out, particularly by NGOs. An operations research programme is looking closely at household health care expenditures, utilization of services and other key aspects affecting the delivery of health care. It is expected that by providing essential drugs under generic names, household health expenditures could be reduced as prices of drugs available in the country are considerably higher than those obtained through the UNICEF reimbursable procurement scheme.

Nigeria

39. Policy development in Nigeria has covered all major aspects of the Initiative, such as decentralization, essential drugs management and user financing. A National Consultative Committee for the Initiative meets twice a year to coordinate policy and implementation issues. Eight Local Government

Areas, out of a total of 453 in the country, covering around 4 million people, have already implemented the Initiative. The direct responsibility for implementing PHC lies with Local Government Area administrations, with federal and state ministries providing only technical support and supervision. The federal Government has, however, contributed the equivalent of $2 million specifically for Initiative actions in Local Government Areas.

40. Village development and health committees in the Local Government Areas where the Initiative has been introduced retain part of the revenues accrued from local financing. While a monitoring system is already functioning, some adjustments are being made for analyses to be carried out at Local Government Area, state and federal levels. Nigeria will be expanding the Initiative in upcoming years from the present small-scale action in four states to cover fully eight states, with UNICEF support, as described in the new country programme recommendation being presented to the Executive Board at its 1991 session (E/ICEF/1991/P/L.9).

Rwanda

41. The health infrastructure in Rwanda is relatively well-developed, with 45 per cent of health centres mission-owned and providing good quality services. The other 55 per cent of health centres are government-run, and although service quality is lower than that of mission-owned centres, their performance is considered relatively good compared to centres in other countries. Government-run health centres charge consultation fees, but the revenue flows into local government (commune) accounts and are not earmarked for health. This is one of the principal issues being addressed by the Initiative in the country. Close collaboration exists between UNICEF and WHO and several bilateral agencies, particularly those of Belgium and Germany, which are involved in similar actions in health.

Sierra Leone

42. The Initiative, which now constitutes the country's national health plan for MCH, is under way in 2 of the 12 districts of Sierra Leone, as well as in the Western Area where the capital, Freetown, is located. The UCI effort in 1990 created another 100 immunization units at the peripheral level, bringing the total to 550. These units form the basis on which the Initiative is implemented, with the introduction of ORT and growth monitoring and promotion and subsequently other priority health interventions. A total of 700 primary health units will eventually provide care to 90 per cent of the population.

43. The Initiative is based on an essential drugs programme that was started in 1986, supported by UNICEF and Africare, an NGO. Bilateral assistance from Germany has also supported PHC development in two other districts of the country. The drug supply and logistics system is well established in the country with the rehabilitation of district stores and the use of both kit and bulk systems. Funds are still not managed by the communities themselves, but held in district accounts for the eventual replenishment of essential drugs stocks. UNICEF has continued to advocate for greater community responsibility

in management through workshops and seminars with leaders at all levels, and there are indications that greater community co-management will gradually be introduced.

Togo

44. Togo has continued its preparatory work for implementing the Initiative, with 21 villages in two districts of the Maritime Region, Zio and Vo, now selected for start-up. Diagnostic and treatment charts have been prepared for use in dispensaries and by village health workers, with 26 and 8 essential drugs being managed in those two districts, respectively. UNICEF is collaborating closely with the World Bank, which is considering a loan of around $14 million for the rehabilitation and expansion of health infrastructure within the framework of structural adjustment. The Government of Germany is supporting trial action in community financing in five villages in the Central Region, and the Association Francaise des Volontaires de Progres is also involved with community financing in 70 villages in the Plateaux Region. This provides the potential for a significant advance in PHC in coming years.

B. Action in other countries in sub-Saharan Africa

45. An additional five countries have country programme recommendations being submitted to the 1991 Executive Board that include action on the Bamako Initiative. Ghana (E/ICEF/1991/P/L.7) was heavily involved in preparatory action in 1990 as an extension of the work under way in the programme to mitigate the social costs of adjustment, to which UNICEF contributed $2 million in essential drugs and related costs. Workshops were held on district management, operations research and essential drugs management. Baseline studies to assess drug use and services' utilization and to review the community clinics programme were carried out in five districts. The above efforts are expected to lead to improved service quality and thus to stimulate greater community action and control in 10 selected districts, eventually expanding to other districts.

46. Initial assessment and planning took place in Sao Tome and Principe in late 1989 and 1990. UNICEF has supported two consultancies, one to review the pharmaceutical sector and the other to conduct a two-week training course for national and local officials in all aspects of drug management and use. The Government has divided the country into seven districts, with a view to increasing efficiency in service delivery through decentralization, and UNICEF will concentrate its support in three of these districts as described in the country programme being presented to the Executive Board at its 1991 session (E/ICEF/1991/P/L.20).

47. The Sudan has completed a proposal to implement the Initiative in three health areas, following an intensive assessment by a national task force. This is contained in the new country programme recommendation (E/ICEF/1991/P/L.18).

48. An overall national plan for the Initiative in Zaire is still being developed and further action is proposed in the country programme recommendation (E/ICEF/1991/P/L.27). To date, UNICEF has met about 25 per cent of the external supply needs for essential drugs in the 11 regions of the country where health zones run local health services in a relatively autonomous way. Community financing operates throughout the country and the Initiative aims to strengthen the local committees to take a greater role in the management of funds and services. It is predicted that in the next two years, health care development in the country will be consolidated with the support of NGOs and several bilateral assistance programmes, including those of Canada, Germany, Italy and USAID.

49. Zambia has also included the Initiative in its country programme recommendation (E/ICEF/1991/P/L.4) for work to be carried out systematically in six districts over the medium term. Several aspects of the Initiative are still under study, including decentralization to the district level, which is only partially implemented at present. UNICEF has supported an in-depth assessment of the financing of the health sector, which includes community financing schemes in some areas and partially applied user charges in health facilities. Because government-run services are weak and under severe economic constraints, NGOs play a vital role in health care delivery. UNICEF has collaborated closely with them, particularly through the NGO Health Association, as well as with WHO and other major health sector supporters, such as bilateral agencies from the Netherlands and Sweden involved in an ongoing national essential drugs programme.

50. Another 11 countries deserve mention for their preparatory work, which in some cases is already leading to initial implementation in selected areas. Burkina Faso had been implementing an essential drugs programme for several years. This has led to an initial Bamako Initiative proposal, prepared by a national intersectoral coordinating committee. Although it is eventually envisaged that implementation will start in six districts, policy issues are still not fully resolved, particularly with regard to financing and community involvement.

51. Action in the Central African Republic started with a national seminar on the acceleration of PHC in September 1989. The decentralization of health care has been decreed by the Government, but public run health services are fragmented and little community financing exists. The Pan-African Development Institute, based in Cameroon, has assisted with a feasibility study on implementing the Initiative in the country, which has led to an operating plan for 1991 to begin actions in limited areas.

52. Some initial work has been undertaken in Chad, including the training of health workers, with a view to starting action in selected areas in five districts. Community financing does exist in some areas and is presently being studied. Within the basic services programme, supported by UNICEF, one subdistrict has introduced community financing on a trial basis to cover basic treatment costs. This has gained wide acceptability, with health committees managing the scheme.

53. In the Congo an important development was the launching of a medium-term economic and social plan for the period 1990-1994, which incorporates a number of the Initiative's principles, including decentralization, community management and financing and a proposal for the complete revision of essential drugs management. WHO and the bilateral development agencies from France and Germany participated in a seminar on the Initiative, which led to the formulation of an action plan for an initial phase of planning.

54. The first steps towards the implementation of the Bamako Initiative have been taken in Ethiopia, based on continuing support to the strengthening of district-level health care delivery systems. After a year's assessment, 12 districts have been selected for start-up, and the training of management teams, the preparation of district profiles and studies in community involvement and financing are occurring under the guidance of a national technical committee in the Ministry of Health.

55. The essential drugs programme in Guinea-Bissau received resources from the Swedish International Development Authority and UNICEF for the purchase of essential drugs. An evaluation mission began early in 1990 specifically to assess the potential for implementing the Initiative in the country, taking into account community pre-payment schemes that have existed for several years.

56. Lesotho has prepared an initial Initiative plan, which is currently being widely discussed in the country. The national task force that prepared the plan is a subcommittee of the National PHC Committee, which includes resource persons from WHO, UNICEF, the United Nations Development Programme (UNDP), USAID and Save the Children Fund. Liberia was also well advanced in its planning for the Initiative, based on extensive experience, especially on drug revolving funds, but all work stopped in May 1990 as a result of the civil war.

57. Madagascar has had relevant experience in community-based PHC over several years, with support from international agencies such as UNICEF and Swiss bilateral cooperation. Several studies have been undertaken on different approaches to community financing, such as payment for drugs and insurance schemes. A general study on the development of PHC is planned jointly by UNICEF and WHO, and the World Bank is supporting the Government in developing a comprehensive health sector strategy. It is expected that these efforts will lead to the startup of the Initiative in Madagascar.

58. A study sponsored by UNICEF in the United Republic of Tanzania on health services run by NGOs has documented the people's willingness to pay for services they perceive to be of good quality, including essential drugs. The study is under review by the Government, which has so far opposed any changes in its financing policy based on local development taxes. Uganda continues to place emphasis on approaching the Bamako Initiative from a global health sector financing perspective, which is a core component of the new country programme that began in 1990. Baseline surveys on household health budgets have been carried out by the National Task Force on Health Financing and a monitoring system has been put in place for community-based health projects. The capacity of health services to strengthen their operations is, however, seriously constrained by the HIV/AIDS situation.

C. Action in countries outside Africa

59. As has been reported in the past, increasing attention is being given to the Initiative by countries in areas outside Africa, and five countries have actually initiated planning action along the lines of the Initiative. Interest in the Initiative in Maldives is based on concerns to provide communities, particularly those on remote islands, with essential drugs. Some experience in community pharmacies exists and people generally place a high value on bought drugs. A first assessment of the relevance of the Initiative has pointed to the need for such health reforms as a greater orientation to PHC and increased decentralization in the management of the health care delivery system.

60. In Myanmar, the acute shortage of essential drugs has drastically reduced the credibility of the health services. During the formulation stage of a new national drug policy, it was estimated that only 10 per cent of the country's needs in essential drugs was being met. A period of assessment is starting on the relevance of the Initiative, particularly examining how communities can be involved in managing and financing basic health services. Over the next year, this will influence UNICEF support to the health sector in implementing the new country programme (E/ICEF/1991/P/L.14).

61. UNICEF has supported Nepal for some time in the provision of essential drugs to over 800 health posts in the country. Interest in moving towards an Initiative orientation came in late 1989 when a seminar bringing together government officials from various sectors, NGOs and international development agencies gave a positive assessment of the Initiative's relevance, taking into account many small community financing schemes already being implemented by NGOs. A national task force was set up and 5 of the 75 districts in the country were chosen for initial activities. Preparatory action includes in-depth situation analyses in each district, as well as a three-district survey on the health knowledge, attitudes and practices of the people.

62. In Peru, UNICEF is providing essential drugs to 30 districts of Lima and four other cities. Distribution is in accordance with Ministry of Health norms and through local women's organizations, which are already involved in CDD/ARI action. An assessment of the relevance of the Initiative to Peru in this context has focused on how community action can best help the health care delivery system.

63. An initial assessment made in Viet Nam late in 1989 opened the way for a phase of information collection on the delivery of basic health care in the country, including drug use patterns and the financing of the commune health system. Six districts in different topographical areas have been selected for initial activities, and district situation analyses have begun. UNICEF has supported this work with the financing of preparatory action, including a manual on rational drug use, the training of national- and district-level personnel and CHWs, and inputs of essential drugs. The eventual aim is to expand, in a first phase, the scope of this effort to about one quarter of the communes in the country as proposed in the new country programme recommendation (E/ICEF/1991/P/L.16).

IV. COORDINATION

64. UNICEF has emphasized the necessity of coordination among all partners in health care development in each country, the results of which are evident from the above description of in-country action. During the past year, national Bamako Initiative task forces have consolidated the dialogue between agencies that support health care development, including national and international NGOs. In a broader setting, the Pan-African Conference, sponsored by the WHO Regional Office for Africa in collaboration with UNICEF, was one of the high points of the past year, resulting in an overwhelming reaffirmation of the relevance of the Initiative to the African context and the commitment of countries to its implementation (see the annex to the present document).

65. Regular meetings on policy issues have continued to be held between the two UNICEF Regional Directors in Africa and the Director of the WHO Regional Office for Africa. There has been close contact between UNICEF and the WHO action programme on essential drugs, with WHO continuing to provide technical assistance to several countries in the establishment of national drug policies. Increasing contacts have also been made with the division of strengthening health systems, particularly with regard to health financing issues. Discussions have also continued with the United Nations Population Fund (UNFPA) on linkages, particularly the inclusion of family planning items in the essential drugs supply system.

66. The World Bank has increased its presence dramatically in sub-Saharan Africa during the last year, with regard to investment in PHC and essential drugs. Collaboration between UNICEF and the World Bank has already been established in Mali. In Nigeria, the World Bank will specifically support essential drugs actions linked to the strengthening of the health system at national and State levels, thus complementing the UNICEF focus on Local Government Areas. The World Bank will also cover 80 per cent of essential drugs needs in Sao Tome and Principe over the next three years, with UNICEF involved in many related training and logistics aspects of the work. Linkages between the World Bank and UNICEF are developing rapidly in Cameroon, Ghana, Madagascar and Togo. At a global level, the year has witnessed increased contact between the two agencies on country actions, as well as on policy and technical matters.

67. Increased contacts with bilateral development assistance agencies, both at headquarters and the country level, and international NGOs, have resulted in a greater consensus on the aims and benefits of the Initiative. UNICEF continues to attend various forums on issues relevant to the Initiative.

V. INFORMATION MANAGEMENT

68. The Bamako Initiative has continued to emphasize better information management, highlighting the increased use of operations research, monitoring and evaluation. Every country has embarked upon studies as part of the preparation phase. Although the study subjects have been diverse, reviews of

the pharmaceutical sector have been the most common, giving indications of the status of drug management in countries and emphasizing problems that exist in supply and distribution, from lack of foreign exchange and in competing with the private sector.

69. A more systematic approach to operations research is being implemented in several countries with a view to improving the design and implementation of the Initiative. A key background paper on operations research, specifically on the community financing of PHC development, was prepared by UNICEF, with the assistance of two African experts, and was presented to the Pan-African Conference. Specific operations research in four chiefdoms in Sierra Leone, covering 1,000 rural households, showed that buying drugs from peddlers is still less than one half the cost of treatment at a government primary health unit, although this can often be due to peddlers' willingness to sell only partial courses of treatment. High percentages of satisfaction, nevertheless, were obtained for such self-treatment, indicating a reasonable accuracy in self-diagnosis for common ailments or reasonably accurate advice from peddlers. People were willing to pay higher fees for government services provided they received an injection. It has not as yet been determined whether the high incidence of treatments that included injections was a result of patients' symptoms or a function of patient demand and ability to pay. The lack of money was by far the most frequent reason (around 60 per cent) why around 8 per cent of those who were ill chose no treatment.

70. In Mauritania, initial calculations from data collected in nine villages suggest that the Initiative will create considerable savings for households by establishing a better quality of care with essential drugs in the village. Savings will be realized because the number of journeys to higher level care facilities will be reduced and the need will be practically eliminated for people, other than the person in the community in charge of drugs supply and logistics, to travel long distances to buy drugs for treatment. In the more remote communities, savings of up to the equivalent of $6 per person per year could have a considerable impact on the family, enabling investment in other basic needs.

71. Considerable effort has been given to the establishment and refinement of monitoring systems. Data on Benin and Guinea, which appear in this report, are a direct consequence of this. Nigeria has also moved well ahead in the functioning of its monitoring system.

72. The first major evaluation of the Initiative took place in Benin in March 1990, with the participation of several national and international institutions. One very interesting observation was that mothers found health care too expensive if they perceived that funds generated were handled by health staff, but inexpensive if the funds were handled by the community. A similar evaluation took place in Guinea in December 1990.

73. The planned evaluation of the Initiative, sponsored by the Government of the United Kingdom of Great Britain and Northern Ireland, has entered its first phase. All the documentation that exists on the Initiative is being

reviewed to draw basic conclusions on its process and content. The second phase, planned for early spring 1991, will include a workshop to discuss the findings of the review and agree on country case studies, of which there are likely to be four, and which would constitute the third stage of the evaluation. A final round-up of all the main conclusions and recommendations should be ready by late 1991. A preliminary report on this evaluation is being made available to the Executive Board at its 1991 session.

VI. RESOURCES

74. As recommended by the Executive Board at its 1990 session, UNICEF has made more general resources available for the implementation of the Bamako Initiative by allocating them against the unfunded portions of approved supplementary funding proposals. In addition, some supplementary resources have been received, as follows:

	United States dollars
Government of Italy	770 000
Canadian UNICEF National Committee/Canadian International Development Agency	216 000
Government of Norway	500 000
Government of Nigeria	2 000 000
Total	3 486 000

75. To date, the general resources allocation, plus the supplementary funding, have created an overall Bamako Initiative development fund to date of $21,227,000. A recommendation to the Executive Board at its 1991 session proposes a continuation of general resources funding for global support to the Initiative (E/ICEF/1991/P/L.30).

76. Over $30 million remains unfunded and this amount will increase if new country programme recommendations are approved by the Executive Board at its 1991 session. The mobilization of resources is now at a critical stage as many countries are moving to expand the coverage of the Initiative. UNICEF has repeatedly stressed the need for international solidarity in this regard. Although there have been some positive signs, particularly with the closer involvement of bilateral development assistance agencies in the preparatory phases of Initiative country proposals, a major breakthrough in funding is still required to match the efforts being made under difficult circumstances by African Governments and communities.

Notes

1/ S. J. Fabricant and C. W. Kamara, "The financing of community services in Sierra Leone: initial results of an operations research study", Bamako Initiative technical report, UNICEF, 1990.

Annex

DECLARATION OF KINSHASA, ADOPTED BY THE PAN-AFRICAN CONFERENCE ON THE FINANCING OF COMMUNITY HEALTH ACTIVITIES, HELD AT KINSHASA FROM 25 TO 27 JUNE 1990*

DECLARATION

The Conference notes the current economic problems faced by all countries on the continent and commends the efforts of the various Governments and communities in improving the health of their peoples in spite of these economic problems. The Conference also acknowledges the efforts of the various United Nations, bilateral and multilateral agencies and non-governmental organizations for the improvement of the health care delivery systems of the continent.

The Conference reaffirms its commitment to primary health care (PHC) as a means of bringing health services to our peoples and reiterates that this PHC can only make a difference if it includes the following elements:

- Community participation;
- Appropriate technology;
- Intersectoral collaboration;
- Strengthening of support system;
- Integrated delivery of essential PHC services.

The Conference further reaffirms that the Bamako Initiative is a method for the attainment of the PHC goal of health for all by the year 2000 and that this Bamako Initiative strategy includes the following components:

- Community participation with a view to fostering self-reliance;
- Strengthening the management systems at the community and district levels with a view to making them more supportive of each other;
- Constant availability, rational prescription and use of good quality essential drugs;
- Community financing.

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* This Conference was organized by the World Health Organization (WHO) Regional Office for Africa with the support of UNICEF. There were over 150 participants, mainly technical experts in health and finance from practically every sub-Saharan African country. They reviewed experiences in community financing, in the strengthening of PHC management at district and community levels, and in the regular supply and rational use of essential drugs over the past two years since the African health ministers adopted the Bamako Initiative resolution.

The Conference recognizes that the implementation of the Bamako Initiative has permitted a significant increase in access to PHC which confirms the validity of the basic principles of the Bamako Initiative.

The Conference recommends that all Governments on the continent should rededicate themselves to the ideals of PHC as measured by:

- Policy shifts;
- Increased budgetary allocation with a foreign exchange component;
- Decentralization of activities within the global decentralization process.

The Conference further recommends that all donor agencies embrace the ideals of PHC as Africa's solution to its health needs by helping in:

- Procurement of good quality essential drugs;
- Strengthening the management and financial capabilities of the constituent countries.

The Conference recommends that communities mobilize themselves for the implementation of PHC on the basis of self-reliance.

The Conference urges WHO and UNICEF to publish periodically the number of countries implementing PHC under the Bamako Initiative strategy, the number of districts and populations covered.

The Conference recognizes the growing collaboration among African countries in the health sector with exchange of visits and experiences among these countries. This Conference is a further demonstration of this trend and the Conference strongly recommends the intensification of this trend.

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1991 session

FOR ACTION

ROLE OF UNICEF IN THE IMPLEMENTATION OF THE CONVENTION ON THE RIGHTS OF THE CHILD

SUMMARY

The present report has been prepared in response to decision 1989/10, in which the Executive Board requested the secretariat, inter alia, to "report to the 1991 Executive Board on the measures it has taken to promote implementation of the provisions of the Convention within the scope of the UNICEF mandate".

The document describes the organization's current and future advocacy and programmatic actions to assist Governments in meeting their obligations under the legally binding Convention on the Rights of the Child, and it underscores the importance of continuing to use UNICEF resources for supporting action programmes at the national level to give meaning to the rights established by the Convention.

Chapter I situates the Convention in the broader context of past and current efforts to protect children's rights and to ensure their survival and development. Chapter II examines the Convention as a framework for developing policies for children and defines the advocacy and programmatic role of UNICEF in the implementation of the Convention. Chapters III and IV contain conclusions and recommendations.

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EXECUTIVE SUMMARY

The present report has been prepared in response to Executive Board decision 1989/10, in which the Board requested the secretariat, inter alia, to "report to the 1991 Executive Board on the measures it has taken to promote implementation of the provisions of the Convention within the scope of the UNICEF mandate".

The document describes the organization's current and future advocacy and programmatic actions to assist Governments in meeting their obligations under the legally binding Convention on the Rights of the Child, and it underscores the importance of continuing to use UNICEF resources for supporting action programmes at the national level to give meaning to the rights established by the Convention. It describes how the achievement of development goals for children by the year 2000 will contribute significantly to the attainment of standards enshrined in the Convention.

Based on the experiences of several countries, the paper presents preliminary conclusions on: (a) the importance of advocacy for children's rights in enhancing programme delivery and for opening the door on new opportunities for action; (b) the potential for building on the Convention's legal status to strengthen national and international alliances for children; and (c) the effectiveness of the Convention as a point of departure for broader discussions on national policies for human development, since the implementation of children's rights is also a reliable indicator for sustainable national development.

The paper also shows how the steps being taken by UNICEF to facilitate and support implementation of the Convention are rapidly becoming an integral part of ongoing UNICEF programmes. It outlines the following specific areas in which UNICEF is cooperating with efforts of developing countries to implement the Convention:

(a) The creation or further development of national mechanisms to gather gender-specific and area-specific data on children that can be used as a basis for policy development and for States' reports on compliance with the Convention. In this regard, UNICEF is preparing revised guidelines for country situation analyses to ensure that the standards set by the Convention and the range of issues it raises are systematically incorporated into the scope of these analyses;

(b) Support that will enable Governments to review legislation pertaining to children in order to ensure compliance with the norms of the Convention and with international humanitarian laws for child protection. In this undertaking, UNICEF will be guided by the branch of the Centre for Human Rights of the United Nations Office at Geneva, which is responsible for advisory services and technical assistance in the field of human rights;

(c) Support for relevant studies on issues related to the Convention;

(d) Information and education campaigns to promote knowledge and awareness of children's rights among children, youth and influential groups;

(e) Training to ensure that government and UNICEF staff, United Nations agencies and non-governmental organizations (NGOs), whose activities impact on children, are familiar with the provisions of the Convention and act to ensure that their programmes have a positive influence on progress towards full implementation of the Convention.

The paper also outlines the role that UNICEF can be expected to play in fulfilling its global mandate for children and in promoting children's rights in industrialized countries. It emphasizes the importance of national alliances for the promotion and protection of children's rights and the role that National Committees for UNICEF are expected to play within these groups. It makes the following proposals for cooperation in industrialized countries:

(a) Information and education campaigns to promote knowledge and awareness of children's rights among children, youth and influential groups;

(b) Activities with schools and youth organizations to enable children to participate in debates on the implementation of the Convention and to express their views on their own situation;

(c) Strengthening the capacity of National Committees to undertake advocacy and other activities to support implementation of the Convention;

(d) Information exchange on policies and programmes in developing countries, which are also applicable in specific situations in industrialized countries;

(e) Studies and research on various technical aspects of applying the Convention in specific circumstances where children are at greatest risk and where the problem is common to both developing and industrialized countries, for example, studies on the situation of children of migrants, and the complementarity between implementing children's rights and women's rights.

Finally, the paper makes proposals for collaboration with the monitoring body for this Convention, the Committee on the Rights of the Child, and for strengthening existing partnerships with the Centre for Human Rights, other agencies of the United Nations system and NGOs.

"The way a society treats its children reflects not only its qualities of compassion and protective caring, but also its sense of justice, its commitment to the future and its urge to enhance the human condition for coming generations ..." Javier Pérez de Cuéllar, Secretary-General of the United Nations.

I. BACKGROUND

1. The adoption of the Convention on the Rights of the Child by acclamation in the United Nations General Assembly on 20 November 1989 (resolution 44/25) and its entry into force only nine months later on 2 September 1990 has given renewed validity to the often stated view that children are a unifying force among nations. This Convention is the first legally binding human rights instrument to come into force within one year of its ratification. It adds the force of law to the principle that States have an obligation to act in the best interest of children, and it reaffirms the premise on which UNICEF was founded: that measures to protect children's rights and efforts to ensure their survival, protection and development must transcend divisive politics within and between States.

2. The Convention's entry into force is a logical sequel to decades of efforts to codify children's rights. When the General Assembly adopted resolution 1391 (XIV) of 20 November 1959, stating that "aid provided through the Fund constitutes a practical way of international cooperation to help countries carry out the aims proclaimed in the Declaration of the Rights of the Child", the protection of children's rights became an integral part of the UNICEF mandate. This mandate has been reaffirmed on several subsequent occasions by both the Executive Board and the General Assembly. It follows, therefore, that UNICEF, in cooperation with appropriate organs, organizations and bodies of the United Nations should aim to assist States in implementing the Convention on the Rights of the Child.

3. The Convention on the Rights of the Child is described by the Centre for Human Rights as "the most complete statement of children's rights ever made", 1/ and it has been referred to as, perhaps, the most comprehensive and, in many of its provisions, the most innovative human rights instrument to be drafted by the international community. It brings together norms relating to children and adolescents that have been scattered in several international instruments, it charts new territory by introducing the legal concept of children's rights to participate in the decisions affecting their lives and it underscores the importance of international cooperation for its implementation.

4. The Convention's holistic approach to children is a milestone in the evolving field of international human rights law, marking as it does a turning away from the traditional compartmentalization of human rights into civil and political on one hand, and economic, social and cultural on the other.

5. The Convention legitimizes the premise that rights and obligations are interrelated, and it paves the way for constructive dialogue and cooperation between the sectors traditionally concerned with providing services for children and those concerned with protecting their rights. The efforts of all concerned parties to ensure the application of the Convention should also be founded on this view of children.

6. In September 1990, the Heads of State or Government of 71 nations, joined by high-level representatives of another 88 countries, unanimously adopted the World Declaration on the Survival, Protection and Development of Children and the Plan of Action for Implementing the World Declaration on the Survival, Protection and Development of Children in the 1990s. In so doing, those leaders took a solemn commitment "to give high priority to the rights of children, to their survival and to their protection and development" (para. 19 of the Declaration), in effect a first call for children, to undertake a 10-point programme "to protect the rights of children and to improve their lives" (para. 20 of the Declaration) and to "make available the resources to meet these commitments" (para. 24 of the Declaration).

7. In responding to Executive Board decisions 1986/21, 1988/16 and 1989/10 on the Convention on the Rights of the Child, UNICEF has gained valuable experience in facilitating and promoting adoption and ratification of the Convention through cooperation at the national level with Governments, National Committees and NGOs, and through collaboration at the international level with the Centre for Human Rights and the Ad Hoc NGO Group on the Convention, now known as the NGO Group for the Convention on the Rights of the Child.

8. To date, some 67 countries from all regions of the world have become States parties to the Convention, and an additional 67 have become signatories. National and regional groups, including NGOs, have begun to examine ways in which they might cooperate with Governments and intergovernmental bodies for its application. In many instances, UNICEF offices and National Committees for UNICEF have been the facilitators of this dialogue. These experiences have further enriched the organization's understanding of its role in promoting and protecting children's rights. This review of the role UNICEF proposes to play in the implementation of the Convention draws on these experiences.

9. The Convention legally reinforces the mandate of UNICEF and other United Nations agencies to pursue the implementation of measures for child survival, protection and development. It provides Governments and international agencies with a framework for developing policies benefiting children and a platform for advocacy that is founded on international law.

10. UNICEF work in developing countries to support national efforts to implement the Convention should not be perceived as activities that fall outside the framework of regular programmes of cooperation. The established mechanisms for programme analysis, programme planning, implementation, monitoring and evaluation, as well as for information and advocacy, are the

channels through which UNICEF will support implementation of the Convention. UNICEF policy in this area can be expected to evolve and gain in specificity as a result of practical experience in the coming years. The secretariat will keep the Executive Board informed of new experiences and developments as countries move towards full implementation of the Convention.

II. UNICEF CONTRIBUTION TO IMPLEMENTING THE CONVENTION

11. Article 45 of the Convention on the Rights of the Child states the following:

> "In order to foster the effective implementation of the Convention and to encourage international cooperation in the field covered by the Convention:
>
> "(a) The specialized agencies, the United Nations Children's Fund, and other United Nations organs shall be entitled to be represented at the consideration of the implementation of such provisions of the present Convention as fall within the scope of their mandate. The Committee [on the Rights of the Child] may invite the specialized agencies, the United Nations Children's Fund and other competent bodies as it may consider appropriate to provide expert advice on the implementation of the Convention in areas falling within the scope of their respective mandates. The Committee may invite the specialized agencies, the United Nations Children's Fund and other United Nations organs to submit reports on the implementation of the Convention in areas falling within the scope of their activities;
>
> "(b) The Committee shall transmit, as it may consider appropriate, to the specialized agencies, the United Nations Children's Fund and other competent bodies any reports from States Parties that contain a request, or indicate a need, for technical advice or assistance, along with the Committee's observations and suggestions, if any, on these requests or indications."

12. Article 4 of the Convention encourages States to seek international cooperation, where needed, to implement economic, social and cultural rights when their own available resources are inadequate. As the United Nations lead agency for children, UNICEF has a special responsibility in this regard and proposes to continue to encourage those involved in international cooperation to be responsive to States' requests for help and to ensure that their activities in all areas create and support an environment conducive to the optimum development of children.

13. The Centre for Human Rights is the United Nations body with direct responsibility to assist the General Assembly, the Economic and Social Council, the Commission on Human Rights and the agencies of the United Nations in promoting and protecting human rights, as envisaged in the Charter of the United Nations. The Centre, therefore, has direct responsibility for

providing secretariat support to the Committee on the Rights of the Child, which is the monitoring body for the Convention, and for advisory services and technical assistance that the Committee will need or that States may request in order to meet their obligations under the Convention.

14. UNICEF has responded to the urgent and basic needs of children for over four decades, and while this continues to be the primary mission of the organization, it has also been developing as a major channel through which child-related issues can find expression at the international level and be addressed through specific programme interventions or advocacy on behalf of children. The operational capacity of UNICEF, and the expertise which the organization has developed through its programmes of cooperation throughout the world, is complementary to the capacity of the Centre for Human Rights to guide States in the technical aspects of implementing the Convention.

15. UNICEF cooperation with the Centre for Human Rights has grown since 1986 when the Board first instructed the secretariat to "participate in the work of the drafting of the Convention as appropriate" (decision 1986/21). The Centre and UNICEF have published and distributed various documents and information kits on the Convention and have collaborated in organizing technical meetings to facilitate the drafting process and to promote early adoption and ratification of the Convention. Cooperation with the Centre during the pre-adoption phase is the foundation for future work together towards the implementation of the Convention.

16. UNICEF will also continue to work with other international agencies, as appropriate, within the framework of inter-agency cooperation, in assisting Governments to transform the provisions of the Convention into programmes to protect children's rights and to enhance their chances of survival and development.

A. Convention: a framework for policies and programmes benefiting children

"It is the children who pay the highest price for our short-sighted economic policy, our political blunders, our wars ..."

Eglantyne Jebb,
Founder of the Save
the Children movement

17. UNICEF planning since the adoption of the Convention has been guided by the consensus view of children's rights embodied in the Convention. This view has helped to frame the global goals and strategies for children adopted by the Executive Board in 1990 (decision 1990/2), and the programme objectives of the medium-term plan for achieving these goals (decision 1990/3). In several countries, the Convention is already enhancing many aspects of programme delivery. Advocacy efforts that preceded adoption have strengthened

intersectoral cooperation within many Governments and have led to new alliances among Governments, NGOs and UNICEF. The global goals agreed upon by the international community, and endorsed by the heads of State and Government attending the World Summit for Children, are essential first steps towards realizing the rights outlined in the Convention. However, "the Convention embodies the most comprehensive list of goals for the well-being of children" and "its full implementation is the best guarantee of achieving the goals for children and development in the 1990s". 2/

18. The implementation provisions of the Convention (articless 42-45) seek to avoid an adverserial approach to children's rights by stressing, instead, dialogue and constructive action at the national level. The spirit of these provisions was inspired in large measure by the members of the NGO Group for the Convention on the Rights of the Child, which promoted the idea that the cooperative approach to implementation would enable countries to become States parties to the Convention, knowing that their possible inability to implement, immediately, all provisions of the Convention would not necessarily result in condemnation, but could lead to greater support through international cooperation and active NGO participation.

19. In defining the role of UNICEF in implementation, special attention has been paid to the spirit of the debate leading to adoption of the implementation provisions, which advanced the idea that the implementation of the Convention should:

(a) Provide a forum for consideration of relevant policy issues and a framework for action to be taken at the international and national levels by Governments, multilateral and bilateral agencies and NGOs;

(b) Provide an opportunity for constructive dialogue to take place on the situation of children, in the communities where they live and at national, regional and international levels;

(c) Facilitate the provision of technical assistance that States may require to enable them to meet their obligations under the Convention;

(d) Stress the importance of implementation at the family and community levels as being of primary importance.

B. Country programme: the principal vehicle for UNICEF support in implementing the Convention in developing countries

20. In a number of countries, there is growing public interest in the rights of children, and indications are that there is political will to act on implementation of the Convention. UNICEF has neither the resources nor the expertise to intervene in every problem area where children are at risk, but this operational reality does not negate the fact that all rights enshrined in the Convention are of concern to UNICEF. The Convention's holistic view of children underscores the need for Governments and United Nations agencies to take a comprehensive approach to problems affecting children in order to address their direct and underlying causes.

21. The country programme is the vehicle through which UNICEF supports countries in their efforts to transform Convention ideals into legal safeguards and practical programmes benefiting children. The goals for child survival, protection and development approved by the Executive Board in its decision 1990/2 and endorsed at the World Summit for Children, provide the scope for UNICEF action in assisting countries to implement the Convention. The following illustration of the correlation between these goals and the provisions of the Convention will demonstrate how the Convention can be applied through practical action.

22. The articles addressing child survival and the right to the highest attainable standard of health (articles 6 and 24) serve as the legal and policy-making framework for government action in the 1990s to reach key goals by, or before, the year 2000 to reduce infant and child mortality by one third or, respectively, to 50 and 70 per 1,000 live births, whichever is less; to work towards targets for reducing maternal deaths by 50 per cent and childhood malnutrition by 50 per cent; and to provide universal access to safe water and sanitary means of excreta disposal.

23. Articles 28 and 29, which stipulate standards for education, will be the underpinning for UNICEF action in assisting Governments to attain the targets adopted by the World Conference on Education for All. By reducing adult illiteracy, particularly among women, to one half of its 1990 level, States will help families to gain access to the knowledge they can use as a basic and effective means of improving the quality of their lives and survival and development prospects for their children.

24. Articles 18 and 31 set standards relevant to the care and protection of children during the critical early years of their psycho-social and intellectual development. The targets adopted by the Executive Board for the expansion of low-cost community facilities for child care and the creation of an enabling environment that will help families in their role as the primary care-givers constitute the basis for UNICEF cooperation in implementing these articles.

25. Articles 11, 19 to 23 and 32 to 40 address issues that, in the language of UNICEF, pertain to children in especially difficult circumstances. The policy decisions of the Executive Board at its 1986 and 1990 sessions (1986/12 and 1990/6), and approval of goals for children in especially difficult circumstances, have committed UNICEF to finding effective and innovative ways of helping these children and of tackling the root causes that lead to their circumstances.

26. The Convention strengthens ongoing efforts to address the special needs of children in especially difficult circumstances. UNICEF will continue to work with Governments, United Nations agencies, NGOs and agencies of the bilateral system to tackle the root causes of problems facing these children in an effort to reduce the incidence of abuse and exploitation and to protect and rehabilitate street children, refugee children, victims of war and natural disasters, orphans, disabled children and those trapped in the bondage of the

drug trade, prostitution or other forms of exploitative labour. In its cooperation and alliance with other organizations, UNICEF will continue to make comparative advantage a determining factor in its interventions, since other groups or agencies are often in a better position to intervene directly and effectively.

27. The Convention sets standards protecting children's right to participate fully, in accordance with their evolving capacity, in all facets of community life (articles 12, 13, 30 and 31). Children in especially difficult circumstances are least able to exercise these rights. They are marginalized by society and are very often remembered only when their actions are believed to threaten public order. These provisions of the Convention are particularly relevant to the most deprived and vulnerable children, and the actions of UNICEF and all agencies working for their benefit should be guided by these principles.

28. The special situation of girls will be examined in relation to the implementation of article 2 on non-descrimination in the application of all the Convention's provisions, and in relation to article 24.3 on the need to abolish traditional practices prejudicial to the health of children.

29. To examine how children's rights can be best integrated into UNICEF programmes of cooperation, the International Child Development Centre at Florence, Italy, commissioned seven country case studies through the UNICEF offices in Bolivia, Brazil, Burkina Faso, Kenya, Mozambique, Sri Lanka and Thailand. (These case studies are available in English on request.) These studies and ongoing activities in countries such as Barbados, Ecuador, El Salvador, Viet Nam and others lead to three main conclusions:

(a) Programmes for children are enhanced when they are undertaken jointly with advocacy for children's rights;

(b) The Convention has the potential to strengthen national movements and alliances for children and it opens new doors for cooperation among Governments, UNICEF and NGOs;

(c) The Convention enhances the conceptual framework of the country situation analysis, which UNICEF and Governments undertake, and can be a basis for developing comprehensive national policies for human development.

C. Monitoring the implementation of children's rights

30. While it is the responsibility of the Committee on the Rights of the Child to monitor States' compliance with the Convention, a function in which UNICEF has no direct role, UNICEF monitors the situation of children throughout the various phases of the country programming exercise. Situation analyses, programme evaluations and various studies on specific issues affecting children are ongoing processes at national and community levels. Data generated through these activities enable Governments to assess their

progress towards achieving national goals and to develop systems for detecting special problems. This information also forms a large part of the basis of the global advocacy for children undertaken by UNICEF and others.

31. Over the next decade, UNICEF will be monitoring progress towards attainment of the goals and targets for children in the 1990s, and in so doing, will be helping Governments to strengthen their national capacities for assessing progress towards the realization of the rights set forth in the Convention. These UNICEF activities will contribute to efforts at the national level to monitor progress towards implementing the Convention. UNICEF will encourage Governments to give priority attention to monitoring their own compliance with the Convention at national and community levels, since the monitoring process is, above all, a mechanism for enabling Governments to assess their progress towards achieving human development goals.

32. Some countries are already moving in this direction. For example, the States members of the South Asian Association for Regional Cooperation have committed themselves to reporting at their regional gatherings on progress in implementing the Convention, thereby establishing a system for addressing common regional concerns relating to children. By developing national and regional monitoring systems, Governments will also create a favourable climate for cooperative approaches to implementing the Convention.

33. Monitoring at national and regional levels will also enable Governments and regional intergovernmental bodies to develop common strategies for the attainment of standards set by the Convention and to define comprehensive social policies for broader human development to be reflected in national development plans. The monitoring process will also enable Governments to determine the levels of resources needed to achieve these goals.

34. If political leaders, policy makers, religious leaders and others who influence social attitudes increase their awareness of issues affecting children and develop a greater understanding of the importance of respecting children's integrity and protecting their dignity, knowledge could become children's best protector against deliberate and unwitting forms of abuse. In many cases, information and advocacy on such issues are becoming important forms of UNICEF cooperation.

35. As countries deal more effectively with the most basic needs of their children, programming requires the development of appropriate indicators for measuring quality of life improvements for children. In some instances, the major share of UNICEF investments is likely to shift towards support for gathering and disseminating information at national and regional levels, to develop a critical body of knowledge on issues affecting children and to promote popular understanding of the vision of children's rights embodied in the Convention.

36. Within the framework of the country programme, and in collaboration with the Centre for Human Rights and other bodies of the United Nations system, UNICEF will continue to cooperate with Governments and other partners at national and regional levels as they implement the Convention. UNICEF support will cover activities in the following areas:

(a) The creation or further development of national mechanisms to gather gender-specific and area-specific data on children which can be used as a basis for policy development and for States' reports on compliance with the Convention. In this regard, UNICEF is preparing revised guidelines for country situation analyses to ensure that the standards set by the Convention and the range of issues it raises are systematically incorporated into the scope of these analyses. It is important to stress, however, that the situation analysis will also continue to address other issues such as the role and status of women in society;

(b) Support enabling Governments to review legislation pertaining to children in order to ensure compliance with the norms of the Convention and with international humanitarian laws for child protection. In this undertaking, UNICEF will be guided by the branch of the United Nations Centre for Human Rights that is responsible for advisory services and technical assistance in the field of human rights;

(c) Support for relevant studies on issues related to the Convention;

(d) Information and education campaigns to promote knowledge and awareness of children's rights among children, youth and influential groups;

(e) Training to ensure that Government and UNICEF staff, United Nations agencies and NGOs, whose activities impact on children, are familiar with the provisions of the Convention and act to ensure that their programmes have a positive influence on progress towards the full implementation of the Convention.

D. Role of UNICEF in industrialized countries

37. The Convention on the Rights of the Child is universally applicable and it sets standards that many industrialized countries have yet to attain in spite of their level of economic development. UNICEF understands its role in the implementation of the Convention to be global in scope, and while the programme budget of UNICEF will continue to be focused on programmes in developing countries, "UNICEF advocacy will encompass programme approaches and policy analyses that are applicable in both industrialized and developing countries". 3/

38. Many children in industrialized countries are the victims of development gone awry. Violence, isolation, inadequate opportunities for play and socialization in a caring and supportive community or family environment are some of the reasons why growing numbers of children abuse alcohol and drugs, or engage in other forms of anti-social behaviour. In extreme cases, adolescents are choosing suicide to relieve their despair.

39. Growing numbers of children are also living in critical poverty on the fringes of their affluent societies, in circumstances that differ little from those of many children in developing countries. Deprivation, the lack of

adequate child-care facilities, growing stress on families and particularly on women, are conditions forcing children out of their families and into foster care and institutions, or into the streets. The recent widespread publicity on children in institutions in an Eastern European country has focused attention on the wider issues of stress on families, when traditional support systems no longer function. Many child rights advocates in Europe are now questioning the long-term benefits of foster placement, and the emphasis is shifting in favour of interventions to support families as the primary response to children caught in difficult intra-familial situations.

40. In industrialized countries, discrimination against minorities and indigenous peoples and the growing number of refugees and immigrants - many of them illegal - have created untenable circumstances for thousands of children living in these countries. For many of them, their right to a nationality, to education, to basic health care and an adequate standard of living remain unfulfilled promises.

41. The countries of the industrialized world also share the responsibility for many violations of children's rights in developing countries. Direct forms of exploitation, such as abusive labour, the use of children as drug runners and the sale and trafficking of children for prostitution, child pornography and illegal adoption, are aided and abetted by international networks often based in industrialized countries. These networks are rich and powerful, and they seem to operate with widespread immunity in both industrialized and developing countries. National structures for protecting children from the worst forms of abuse and exploitation have collapsed in many developing countries. Therefore, implementation of the Convention will need to be underpinned by global solidarity and international cooperation if the rights of many children in developing countries to survive, to be protected and to develop are to be upheld. Shared problems such as drug trafficking, drug abuse and environmental degradation can only be solved through north-south cooperation.

42. The principle of global solidarity is at the core of the evolving role of UNICEF as a global advocate for children. UNICEF will continue to build on its alliances with parliamentarians, religious leaders, professional groups and children's rights advocates to focus attention on the rights of the most vulnerable children in the industrialized world. UNICEF guidelines for conducting situation analyses in developing countries are applicable to other countries and can be made available on request.

43. UNICEF is fortunate to have its National Committees as partners. Some Committees have already joined coalitions, which include NGOs and governmental child welfare agencies, to examine how the Convention can be applied in their countries. The secretariat will continue the dialogue with National Committees to determine how UNICEF can best play its role of global advocate for children and, in so doing, support implementation of the Convention in industrialized countries.

44. The networks of international NGOs, which have so effectively influenced the drafting of the Convention and generated political support for its adoption, will continue to be important allies for National Committees and the secretariat in the area of children's rights. The NGO Group for the Convention on the Rights of the Child is already discussing its strategies for collaboration with the Centre for Human Rights and the Committee on the Rights of the Child in the implementation of the Convention.

45. In cooperation with National Committees, NGOs and the International Child Development Centre at Florence, the secretariat will further develop its activities to promote the Convention in industrialized countries through:

(a) Information and education campaigns to promote knowledge and awareness of children's rights among children, youth and influential groups;

(b) Activities with schools and youth organizations to enable children to participate in debates on the implementation of the Convention and to express their views on their own situation;

(c) Strengthening the capacity of National Committees to undertake advocacy and other activities to support implementation of the Convention;

(d) Information exchange on policies and programmes in developing countries that are also applicable in specific situations in industrialized countries;

(e) Studies and research on various technical aspects of applying the Convention in specific circumstances where children are at greatest risk and where the problem is common to both developing and industrialized countries, for example, studies on the situation of children of migrants and the complementarity between implementing children's rights and women's rights.

E. UNICEF cooperation at the international level

46. While article 5 of the Convention recognizes that families have the primary responsibility for the care and protection of children, article 20 obligates States to provide special assistance to children whose families either do not or can no longer act in their best interest. But the Convention goes further, breaking new ground for international human rights treaties, by introducing the idea that the protection of children's rights is the business of all international agencies involved in aid programmes and in international cooperation for development. Violations of children's rights, either through deliberate acts of aggression or through political blunders, short-sighted policies and negligence can no longer be seen as a concern for those most directly responsible for children's well-being or of the children who are the victims.

47. The theme of international cooperation runs throughout the text of the Convention, obligating the organizations of the United Nations and other

competent bodies to work with States and the Committee on the Rights of the Child in ensuring that the countries needing help can have recourse to various forms of assistance. In this sense, international agencies are also parties to this Convention, and its implementation must be seen to have an important international dimension.

48. Advocacy for the well-being of children has become a major UNICEF function and the experience gained in this area during the past decade is of particular relevance to the implementation of the Convention. Advocacy has been an integral part of UNICEF support for specific projects at the country level for many years, but it has now become a broader process at international and regional levels through which UNICEF tries to engender political support and additional resources for children.

49. The work UNICEF is undertaking to implement the Convention is an example of how advocacy and programming have become integral components of one process. UNICEF can only play a limited programmatic role in many areas that are of major importance for achieving the standards set by the Convention, such as building the economic base for an attack on critical poverty, eliminating armed conflicts and increasing the expenditures and investments in human development. However, the organization has experienced some success in using its capacity for advocacy to address many of those issues and it has reason to believe that further breakthroughs on these fronts are within reach.

50. The Convention on the Rights of the Child is the legal foundation on which UNICEF proposes to continue to build its advocacy for children programmes at international, regional and national levels. The World Declaration on the Survival, Protection and Development of Children and the Plan of Action for implementing the Declaration in the 1990s are the concrete expression of the commitment of world leaders to marshall the necessary resources to transform the promises of the Convention into concrete possibilities for the full development of human potential. UNICEF will use the means at its disposal to keep attention focused on these commitments and will work closely with all appropriate international agencies to ensure that efforts to promote respect for children's rights and to implement the necessary programmes, complement the activities of the Centre for Human Rights, as lead agency for implementation of the Convention.

51. In keeping with article 45, which defines the role that UNICEF and other United Nations organs and agencies are expected to play to complement the responsibility vested in the Committee on the Rights of the Child, UNICEF participated in an inter-agency consultation on (a) the role of each agency and United Nations body in relation to the work of the Committee; (b) articles of the Convention that are of special interest to each organization; (c) possible modalities for cooperation with the Committee on the Rights of the Child; and (d) suggestions on the type of information that States might be asked to provide in their reports to the Committee. The proceedings of this meeting will provide background information for the first meeting of the Committee on the Rights of the Child later this year and pave the way for the

future cooperation between the Committee and the agencies of the United Nations.

52. The desirability of developing early warning systems to detect deteriorations in the situation of children, which pose serious threats to their survival, protection and development, have also been discussed. This system could enable the international community to respond appropriately when children are seriously threatened by natural or man-made disasters, or when their rights are being violated on a massive scale. It could also serve as a mechanism through which States could appeal for help in extraordinary situations that may occur in the intervening period between their five-yearly reports to the Committee on the Rights of the Child.

53. Until this Committee meets, following the election of its members in February 1991, the comprehensive strategy for cooperating with the Committee on the Rights of the Child cannot be developed fully. However, the Centre for Human Rights, UNICEF and other appropriate agencies will collaborate to prepare a comprehensive briefing for the newly elected Committee members on the situation of children and conditions affecting the enjoyment of their rights. The Executive Board may wish to make recommendations on UNICEF interaction with this Committee as foreseen in article 45 of the Convention.

54. UNICEF will also cooperate with the Centre for Human Rights to disseminate, as widely as possible, the text of the Convention and information on its provisions in forms and in languages that are appropriate to various audiences, paying special attention to children and youth as important target groups. These activities will be undertaken within the framework of ongoing information, advocacy and programming activities.

55. Through the International Child Development Centre at Florence, UNICEF is encouraging research and policy studies on the implementation of the Convention in various social, cultural and economic settings, with special attention to developing effective strategies for introducing the legal concept of children's rights into the programming process.

56. UNICEF activities in all the above-mentioned areas are being undertaken in cooperation with other United Nations agencies and NGOs, as appropriate, and in close consultation with the branches of the Centre for Human Rights responsible for technical assistance, advisory and information services, the implementation of standards, legislation and the prevention of discrimination.

III. CONCLUSIONS

57. UNICEF activities in support of the implementation of the Convention on the Rights of the Child are guided, above all, by the spirit of the Charter of the United Nations, which states in chapter IX, article 55, on international economic and social cooperation, that the United Nations shall promote:

"...

"b. Solutions of international economic, social, health and related problems; and international cultural and educational co-operation; and

"c. Universal respect for, and observance of, human rights and fundamental freedoms for all without distinction as to race, sex, language or religion."

58. Through practical action since its creation, UNICEF has contributed significantly to realizing the ideals of the Charter. The Convention on the Rights of the Child provides UNICEF and other operational bodies of the United Nations family with a new opportunity to demonstrate how the principles of human rights can become an integral part of the daily work of development agencies.

IV. RECOMMENDATIONS

59. The Executive Director recommends that the Executive Board:

(a) Express its satisfaction with the unprecedentedly rapid entry into force of the Convention on the Rights of the Child;

(b) Take note of resolution 45/105 adopted by the General Assembly at its forty-fifth session on the implementation of the said Convention and urge all States that have yet to ratify the Convention to do so at the earliest possible date;

(c) Request the secretariat to continue its work to facilitate early ratification of the Convention by member States;

(d) Endorse the following proposals for cooperation with developing countries:

(i) The creation or further development of national mechanisms to gather gender-specific and area-specific data on children that can be used as a basis for policy development and for States' reports on compliance with the Convention. In this regard, UNICEF is preparing revised guidelines for the country situation analyses to ensure that the standards set by the Convention and the range of issues it raises are systematically incorporated into the scope of these analyses;

(ii) Support enabling Governments to review legislation pertaining to children in order to ensure compliance with the norms of the Convention and with international humanitarian laws for child protection. In this undertaking, UNICEF will be guided by the branch of the Centre for Human Rights, which is responsible for

advisory services and technical assistance in the field of human rights;

(iii) Support for relevant studies on Convention-related issues;

(iv) Training to ensure that Governments and UNICEF staff, United Nations agencies and NGOs, whose activities impact on children, are familiar with the provisions of the Convention and act to ensure that their programmes have a positive influence on progress towards the full implementation of the Convention;

(v) Information and education campaigns to promote knowledge and awareness of children's rights among children, youth and influential groups;

(e) Also endorse the following proposals for activities in industrialized countries:

(i) Information and education campaigns to promote knowledge and awareness of children's rights among children, youth and influential groups;

(ii) Activities with schools and youth organizations to enable children to participate in debates on the implementation of the Convention and to express their views on their own situation;

(iii) Strengthening of the capacity of National Committees to undertake advocacy and other activities to support implementation of the Convention;

(iv) Information exchange on policies and programmes in developing countries that are also applicable in specific situations in industrialized countries;

(v) Studies and research on various technical aspects of applying the Convention in specific circumstances where children are at greatest risk and where the problem is common to both developing and industrialized countries, for example, studies on the situation of children of migrants and the complementarity between implementing children's rights and women's rights;

(f) Call upon the UNICEF secretariat to take all necessary measures to discharge its global responsibilities under this Convention in cooperation with the Centre for Human Rights and concerned governmental and non-governmental bodies;

(g) Call upon the organs, organizations and bodies of the United Nations system and other competent bodies, including NGOs, to cooperate with the Centre for Human Rights and Governments in discharging their responsibilities under the Convention.

Notes

1/ The Rights of the Child, Human Rights fact sheet No. 10, United Nations Centre for Human Rights, p. 1.

2/ "Development goals and strategies for children: priorities for UNICEF action in the 1990s" (E/ICEF/1990/L.5), para. 130.

3/ "Medium-term plan for the period 1990-1993" (E/ICEF/1990/3 and Corr.1, para. 136).